“Regaining Control by Losing Control”

A Qualitative Study into the Experience of Binge Eating Disorder

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Master Thesis in Psychology

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May 2007

Abstract

This study seeks to provide an insider's perspective on the experience of Binge Eating Disorder as it is brought to light from interviews with eight women. Binge Eating Disorder is a recently described and proposed new category of eating disorders characterized by "recurrent episodes of binge eating in the absence of the regular use of inappropriate compensatory behaviours characteristic of Bulimia Nervosa, and a sense of loss of control over eating during the episode." Based on a phenomenological epistemology, the study aims to investigate the meaning and significance of this eating disorder as it is revealed from the participants' narratives. The experience of loss of control is of particular interest because this is depicted as the central characteristic of this eating disorder and distinguishes it from 'normal overeating.' The study seeks insight into how the individuals experience this aspect during the actual binge eating incident, how it is manifested and interpreted, and what effect it has during the eating episode. It further contextualizes the experience of Binge Eating Disorder in the women's daily lives and the actual situations and circumstances leading up to the binge eating. The participants were interviewed using semi-structured life-world interviews regarding how they experience and interpret their eating problem; how it started and developed, what impact it has on their life, how the actual binge eating episodes are experienced, and attempts at counteracting binge eating. The narratives were analysed based on principles from Interpretive Phenomenological Analysis (IPA). The analytical process revealed that the participants experience binge eating as fundamentally different from 'normal' eating. Some report several variations of binge eating episodes; it can feel inevitable, like it's evolving automatically and out of control, and other times as the only option. It is sometimes described as planned and as a choice at the actual moment. The participants describe how binge eating can have a powerful function and sometimes serve as a kind of self-medication producing calmness, relief and emotional numbness. However, it is soon accompanied by highly repulsive feelings of shame, disgust and despair. In this study, it seems that the binge eating act can be seen as a *meaningful reaction*; sometimes it can be understood as an act of *regaining* control instead of simply losing control. In this perspective, it's not sufficient to conceptualize the eating pattern in Binge Eating Disorder as failing to exert control over eating behaviour; it can also be understood as reclaiming and re-establishing control.

Preface

If knowledge development concerning human lived experiences is to be accomplished; if we are ever to broaden our insight and understanding regarding the complex and intriguing phenomena of individual realities, we are totally dependent upon persons with these unique experiences who are willing to share them with us. My deepest and warmest gratitude goes to the participants in this study who agreed to let me interview them. My insight now into the diversity of experiences through the landscape of eating-related challenges is richer and more far-reaching than can be incorporated in the scope of this paper. I will bring all the valuable things I learned from you with me into my future work in the field of psychology.

'Interessegruppa for Kvinner med Spiseforstyrrelser' (IKS) has been a very helpful, obliging and inspiring collaborator.

I'm greatly indebted and thankful to my supervisor, Associate Professor Agnes Andenæs at the Department of Psychology, University of Oslo, who has guided me through the process from the initial research proposal to the final result. Thank you for your motivation and engagement, for asking thought-stimulating questions, your availability and altogether excellent supervision.

Content

Your pain is the breaking of the shell
that encloses your understanding.

– Kahil Gibran

1. Introduction

> *I think it's very important that more information about this reaches the public, and I really hope that people read this study. I also think it's important that it reflects the resources in those suffering from this disorder too; that it's not simply tragic; 'it's so sad and they are so ill; they have this kind of diagnosis, and so and so many of them do that and that.' I hope that this study also reveal that it affects girls who are resourceful, who go through some hard times, but who nevertheless keep on fighting, in spite of.*

This was part of Hanna's answer when she was asked why she wanted to participate in this study. It reflects the other participants' motivations too, and hence this study seeks to provide information that offers a different kind of knowledge than can be acquired through a quantitative research perspective. It seeks to explore into the experience of living with Binge Eating Disorder (BED) as it is revealed from the narratives of eight women who agreed to be interviewed about their personal encounters with this eating problem.

Binge Eating Disorder is a proposed new kind of eating disorder suggested by The American Psychiatric Association (APA) which has received increased attention in recent years. It is described in the diagnostic manual as "recurrent episodes of binge eating in the absence of the regular use of inappropriate compensatory behaviours characteristic of bulimia nervosa" (APA, 1994). The American Psychiatric Association has set up this disorder as a provisional new diagnostic category requiring further research.

Anorexia Nervosa (AN) and Bulimia Nervosa (BN) are the two officially recognized eating disorders, as defined by APA[1] and the World Health Organization (WHO)[2]. However, a high percentage of people with an eating disorder do not fully meet the criteria for either of these because some criteria are missing or the symptoms are not severe enough. In the diagnostic manual developed by APA, a residual category "Eating Disorders Not Otherwise Specified" is therefore included to incorporate disorders characterized by primarily anorectic or bulimic symptoms, as well as the clinical picture found in Binge Eating Disorder[3]. However, the

[1] APA: *Diagnostic and Statistical Manual of Mental Disorders,* DSM IV (1994)
[2] WHO: *International Classification of Diseases*, ICD-10 (1996).
[3] The diagnostic manual developed by WHO, which is the official manual applied in Norway, has no comparable diagnostic category, except from a notion in the category 'Atypical Eating Disorders', where the term 'overeating associated with other psychological disturbances' is mentioned (WHO, 1996).

organization awaits further research on this disorder before it is recognised as a separate diagnostic entity (Götestam et al., 2004).

Some studies indicate that Binge Eating Disorder actually could be the most common eating disorder with a prevalence rate up to 3 %, as compared to AN where the prevalence rate is estimated between 0.3-0.5 % and BN between 1-3 % (Thompson, 2004: xvi; Van Hoeken et al., 2003: 11ff) Due to its recent classification, incidence rates of BED are uncertain, although several researchers estimate that it is the most rapidly growing eating disorder (Carano et al., 2006: 332; Pellai & Bassoli, 2006: 95). In Norway, the estimated number of women suffering from BED is 28 000 (Götestam & Rosenvinge, 2002). Compared to the other eating disorders, BED seems to affect more men and individuals within a higher age-range (Manwaring et al., 2006: 101).

Definition of BED

Binge eating is defined by APA as "eating in a discrete period of time, an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances" and "a sense of loss of control over eating during the episode (e.g. a feeling that one cannot stop eating or control how much one is eating)." To meet the criteria for BED, the binges should occur on average two days per week, and have lasted for at least six months. They should be 'objective' binges which are defined in quantitative rather than qualitative terms. The individual should experience "marked distress" about the binge eating and further display at least three out of five *behavioural indicators of impaired control* over the eating episode: eating much more rapidly than normal, eating until feeling uncomfortable full, eating large amounts of food when not feeling physically hungry, eating alone because of embarrassment by how much one is eating, or felling disgusted with oneself, depressed, or very guilty after overeating (APA, op. cit.).

A phenomenon of increasing scope and importance

The medical and psychological complications of eating disorders are associated with a range of health consequences for the individual, and they represent a huge concern for researchers and clinicians (Thompson, op. cit: xvii). In the case of Binge Eating Disorder, the issue of overweight is also apparent as an important aspect. Individuals suffering from BED frequently experience weight cycling, overweight and obesity.

Table 1. Classification of overweight and obesity by Body Mass Index (BMI)

Classification	BMI
Underweight	<18.5
Healthy weight	18.5-24.9
Overweight	25.0-29.9
Obesity	>30.0

Note: BMI: weight / height^2 (kg/m^2).
(Source: WHO, 2006).

Binge eating without compensatory purging (like vomiting, misuse of laxatives and diuretics or excessive exercise) will for most people naturally result in weight gain, and binge eating is increasingly apparent in parallel with increased overweight (Götestam et al., 2004: 2119). Most individuals suffering from BED will thus for shorter or longer periods be overweight (see table 1). Approximately 10-20 % of these have a BMI of more than 30, which classify then as obese (Thompson, op. cit: xiii). Götestam et al. (op. cit.) notes that the clinical relevant link between eating disorder and overweight barely has received any scientific attention and exploration. Overweight individuals are more likely to engage in binge eating than are non-overweight, and binge eating seems to be more prevalent among overweight individuals seeking treatment for weight loss. Studies indicate that up to 50 % of treatment seeking overweight individuals regularly engage in binge eating (Neumark-Sztainer & Haines, 2004: 359). Moreover, 20-30 % of the overweight population seems to suffer from BED or an unspecified eating disorder, as opposed to 6 % of the normal weight population (Götestam et al., op. cit.). This truly emphasises Fairburn and Brownell's (2002: xiii) concerns regarding the lack of exchange between these two fields of knowledge, still present since the first edition of their comprehensive handbook on eating disorders and obesity in 1995. They note that eating disorders and obesity share several common issues which are highlighted in the case of BED. Moreover, research on psychosocial functioning among overweight individuals tend to report inconsistent findings, and Rieger et al. (2005) suggest that different rates of (undetected) BED participants in these studies in part may explain the inconsistencies. Their own study found that BED among obese individuals results in even further impairment in psychosocial function than can be explained by the obesity alone. These inconsistent findings further accentuate Fairburn and Brownell's concerns.

Eating disorders and obesity have some of the highest mortality and morbidity rates of any psychological or health-related condition, and thus they are frequently encountered by health care professionals (Thompson, op. cit: xiii). The health consequences associated with overweight and obesity are increasingly recognized as a public health issue of great concern as its prevalence is rapidly growing. WHO declared obesity a global epidemic in 1998, and today highlights overweight and obesity as one of the greatest public health challenges of the 21st century. This challenge is also recognized by the Department of Health and Social

services in Norway, who collaborated in and is committed to *The European Charter on Counteracting Obesity* adopted at the WHO European Ministerial Conference in Istanbul, November 2006 (WHO, 2006). In accordance with the EU commission's Platform on Diet, Physical Activity & Health, the Norwegian Department of Health and Social services emphasises healthier nutrition and physical activity as the key to counteract overweight and obesity (Helse- og omsorgsdepartementet, 2007).

Need for more and *a different kind* of knowledge about BED among health care providers

One of the most important ingredients in preventing and treating eating disorders is our *understanding* of these conditions; the more we feel we can understand, the more we are able to help (Skårderud, 2000: 8). Although most people seem to have some knowledge about Anorexia Nervosa and Bulimia Nervosa, few lay people are familiar with the term Binge Eating Disorder; and apparently, huge knowledge gaps exist regarding this eating disorder among health care professionals as well. Several studies indicate that individuals with eating disorders frequently are not recognized as suffering from an eating disorder by doctors, and they may therefore fail to receive adequate treatment even when they do present for help (Hay & Mond, 2005: 540). Striegel-Moore et al. (2001) found that women with BED were significantly less likely than women with BN to be treated specifically for an eating disorder, and they suggest that health professionals may be unfamiliar with both the diagnosis and the symptoms of this disorder. In addition, BED individuals frequently do not seek treatment for their eating disorder, although some studies suggest that about one third of women with BED have received treatment for weight problems (ibid: 164). These authors recommend health professionals to be prepared to detect possible eating disturbances and initiate treatment when working with overweight individuals. Crow et al. (2004) investigated the knowledge and treatment recommendations regarding binge eating and obesity among 272 licensed physicians. They found that binge eating receives little attention from primary care providers; more than 40 % of the respondents never assessed binge eating and there were major knowledge gaps regarding binge eating and obesity.

According to Henderson and Brownell (2004: 342) almost all interventions to this date aiming at counteracting overweight and obesity have targeted the individual for changing his or her eating behaviour and activity level. However, the problem continues to grow in epidemic proportions and these authors doubt whether stepping up the pace of individually aimed

intervention is the way forward. Indeed, the pressure to conform to the ideal of slimness is already overwhelmingly great in our society, they note (ibid: 343). The treatment of overweight typically consists of advice for life-style changes, but often without specific awareness, concern or attention to underlying behavioural disturbances (Romano & Quinn, 1995: 68). Some studies indicate that obese binge eaters (as compared to obese non-binge eaters) drop out of behavioural treatment more often, and are more prone to weight regain following treatment (Lowe & Caputo, 1991: 49). Several studies illustrate how overweight children, adolescents and adults experience negative stereotyped attitudes, different treatment and discrimination on several areas (Neumark-Sztainer & Haines, op. cit: 350). Obese persons have been found to hesitate in seeking health care, and it is therefore particularly important that health care professional exhibit sensitivity towards weight-related concerns (ibid: 354). Neumark-Sztainer & Haines stress the impact educators and health care providers can have on overweight individuals. However, research indicates that negative attitudes and prejudices towards overweight individuals are not uncommon among these groups. One study found that medical students rated severely obese individuals more negative as compared to moderately obese or non-obese individuals on a number of humanistic qualities, personality traits and body image. Another study on attitudes among family physicians found that two-thirds of them claimed that their obese patients lacked self-control, and 39% perceived them as lazy (ibid.).

It seems that a different kind of perspective is called for. According to Todres (2005: 117) studies offering an insider's perspective may 'humanize' health- and social care, both by representing different voices and views, and by making accessible descriptions of experiences that carry the intelligible meanings of what it is like to 'be there.' Malterud (2001: 398) suggests that qualitative research provides an approach to broaden our understanding of medical realities. When eating disorders and overweight are studied in a phenomenological manner, this has the potential to elicit valuable information on the participants' own perspectives, interpretations and experiences. A recent study in Norway by Nordbø et al. (2006) explored the meaning patient with AN attribute to their anorectic behaviour by using a phenomenological research design, and found that the anorectic behaviour may be regarded as a set of behaviours that have become *meaningful* to the individual. Likewise, Anker-Nilssen's (1994) interview-study of women suffering from BED display how the eating disorder affect choice of partner and the women's appreciation and interpretation of the relationship. Hvid (2004) interviewed several overweight individuals with the aim of getting an insider's

perspective on how it's like to have an overweight body. These individuals give intriguing accounts of disappointing experiences with primary care professionals, and as a psychologist, Hvid expresses concern about the abundance of understanding and empathy in the treatment of individuals with weight problems. Holloway (2005: 1) argues for the application of qualitative methods in the health professions because qualitative research is person-centred and sees the participants as whole human beings instead of a collection of physical parts. She further argues that health and education policies can be developed through this type of research, because the reasons for a particular behaviour can only be understood when participants are asked about this behaviour. Qualitative methods have much to offer in health service and health policy research because they can illuminate the experiences and interpretations of events by different actors and giving voice to those individuals whose views are rarely heard (Sofaer, 1999).

2. Theoretical Background for the Study

In the early 1990's, a group of researchers led by Robert Spitzer at Columbia University reported that their clinical work had led them to believe that there are a number of individuals who experience a serious overeating problem, but do not meet the criteria for Bulimia Nervosa (Devlin et al., 1992). The researchers proposed that these people have their own eating disorder, and that the central construct of the disorder is recurrent episodes of binge eating (Spitzer et al., 1991). Originally, it was labelled Pathological Overeating Syndrome, later replaced by Binge Eating Disorder. Most information about the epidemiology of BED comes from two large, multisite field trials conducted by this research group (Spitzer et al., 1992; Spitzer et al., 1993). Spitzer and colleagues collaborated with the DSM-IV Work Group on Eating Disorders in developing diagnostic criteria for BED, and in 1994, tentative research criteria for BED were suggested in Appendix B of DSM IV which is reserved for possible new diagnostic categories. BED has the status of "Diagnostic Category in Need of Further Research."

Conceptualizing Binge Eating Disorder

Some researchers and clinicians suggest that the different kinds of eating disorders can be seen as spectrum disorders with subgroups representing the same underlying problems (e.g. Fairburn & Walsh, 1995: 135 Nevonen, 2000: 12; Skårderud, op. cit: 42). Eating disorders are defined as mental disorders, which mean that they are understood as manifestations of some

underlying psychological cause. Two issues appear particularly relevant for this study. First, the disordered eating can be seen as displaying meaning; the eating behaviour and the body itself has become a mean of communicating and handling difficult emotions and life circumstances (Skårderud, ibid: 8). Second; the issue of control is frequently highlighted in conceptualizing eating disorders in general. According to Skårderud (op. cit: 22), the individual suffering from an eating disorder leads a desperate struggle for total control over emotions and performances and over the body and what's surrounds him or her. The prevailing picture in the literature on eating disorders is this: Individuals with Anorexia Nervosa exhibits extreme self-control and denial of bodily compulsion, those suffering from Bulimia Nervosa exhibit ambivalence and alternation between being in control (dieting) and losing control (binge eating and purging) while individuals with BED simply loses control. To lose control over both emotions and behaviour is depicted as the core aspect in this eating disorder (ibid.).

Research on binge eating and loss of control

The pattern of binge eating can be found in various degrees across the different eating disorders. le Grange et al. (2001: 310) point out that most of what we know about binge eating comes from studies of normal weight individuals with BN. Research literature addressing the experience of binge eating typically does not distinguish between binge eating in the different eating disorders. These authors warns against the temptation of generalizing from these studies to BED individuals, as there could be important differences in terms of both behaviours and cognitions (ibid: 311). It's more difficult to investigate the binge eating behaviour of the BED participants, as they don't 'punctuate' the binges with purging behaviour, and there are very few studies addressing triggers for binge eating amongst individuals suffering from BED. Herzog & Delinsky (2001: 35) argue that loss of control as a core aspect of BED is problematic because this is difficult to assess. Studies indicate that individuals with BED tend to have binges that are less clear cut in the sense that their beginning and end can be difficult to define, and compared to people with Bulimia Nervosa, BED individuals more often report days of overeating mixed with episodes of binge eating (Mitchell et al., 1999).

The 'loss of control' issue is at the heart of the diagnostic criteria of BED because it distinguishes binge eating from 'mere overeating. It is simultaneously one of the most central controversies regarding its classification. Researchers warn against making 'normal'

indulgence an eating disorder. Fairburn et al. (1993: 158) highlights this when they express that "we don't want normal gluttony to be classed as a psychiatric illness." Some researchers suggest that individuals with BED enjoy the food more when binge eating than persons with Bulimia Nervosa. This implies that binge eating can resemble the kind of 'normal' overindulgence most people occasionally engage in. I find this distinction between the eating disorders quite puzzling. It depicts individuals with BED as rather 'weak;' they give in to their compulsions, eat enormously, and they don't 'regain' control by engaging in the kind of purging behaviour found among bulimics. I also share the surprise and concerns of the above mentioned researchers over the 'missing link' between eating disorders and overweight. Eating disorders are frequently associated with visible *underweight*, and from the outside, having an overweight body thus seems to represent some lack of will-power or motivations for change.

What is loss of control? In the diagnostic manuals, this is defined through a set of *behavioural indicators* described by APA (see above). Binge Eating Disorder is sometimes referred to as 'compulsive overeating,' but Skårderud (op. cit: 16) warns against this description, as BED has little in common with the compulsive behaviour characterising some psychiatric illnesses, e.g. compulsive cleaning or repetitive behaviour. Baumeister et al. (1994: 3) gives some suggestion to how we can conceptualise what actually happens when an individual loses control. These authors see loss of control as *self-regulation failure*. The basic form of self-regulation is conceptualized as *self-stopping*; intervening in a response sequence in order to bring it to a halt (ibid: 7). To exert self-regulation, the individual needs some standards and the ability to monitor oneself in relation to those standards as well as altering responses in accordance to these. Self-regulation failure is about *under-regulation* (failing to exert control over oneself) or *misregulation* (exerting control in a way that fails to bring abut the desired result, or lead to some alternative result). Self-regulation is severely hampered by conflicting standards, if the person ceases to monitor what he or she is doing, or by inability to make the self conform to the relevant standard. According to Baumeister et al. (ibid: 18), we often have to exert ourselves both mentally and physically in order to override an impulse, habit or some other tendency. The strength this requires can be limited by tiredness, too many things to regulate, unusually demanding circumstances, or if the strength of the impulse feels 'uncontrollable' or 'unstoppable.' Further, loss of control has a tendency to accelerate; this is the principle of *psychological inertia*: response chains will be harder and harder to interrupt, i.e., the longer we keep on doing something, the more difficult it can be to stop. Self-

regulation is most effective and requires the least strength when the impulse is overridden as early as possible. However, there are two sets of causes involved in self-regulation failure: the factors that lead to the first lapse in self-control and the factors that transform the initial lapse into a major binge; this phenomenon is referred to as *lapse-activated causal patterns* (ibid: 22). When people for instance break their diet, they often experience the *abstinence violation effect*; to violate a personal rule may activate emotions, which in turn involves arousal that consumes and manipulates attention, making self-stopping harder. Sometimes the emotion itself becomes a source for further motivations; feeling guilt about the lapse may prompt the person to blot the guilt out of mind by continuing. This is the pattern of *spiralling distress*; feeling guilty, worried or disappointed with the self for having lost self-control leads to self-attention, which then makes it doubly unpleasant to be aware of the self. A vicious cycle develops: Each violation of one's standards produces negative affect which makes it unpleasant to be self-aware, so the person avoids monitoring his or her behaviour, and this can in turn prompt further violations. Baumeister et al. (ibid: 175) refer to research indicating that those individuals who normally try to restrict or restrain their food intake are most vulnerable to excessive eating once they have started; the continued eating characteristic of inertia is more likely to occur when dieters perceive that they have broken their diet. The authors argue for a *strength model* in conceptualizing self-regulation failure; self regulation breaks down when the person's strength is inadequate to the task. They see this kind of strength as analogous to the common-sense concept of willpower and holds that this probably is a quite stable personality trait (ibid: 243). Although it seems plausible that these mechanisms are at work during loss of control, this model in my view comprises a rather static and passive role of the individual. When the individuals' own accounts is investigated, this could broaden our understanding and provide a richer and more differentiated picture on how these mechanisms are manifested and experienced.

The aim of the study

As could be expected, initial research on BED has focused on diagnostic criteria and epidemiology; it has set out to answer questions regarding 'in what way does this eating disorder differ from the others and what kinds of people are affected?' This research agenda sees BED from 'the outside' and entails a somewhat static perspective of the individual experiencing the eating disorder. However, as some the above studies illustrate, researcher are increasingly beginning to recognize that eating disorders are not just about 'being;' but also about 'doing;' an eating disorder is not simply something a person *has*, but something he or

she *does*. An eating disorder develops and changes within the same individual; research should therefore focus just as much on *process* as the *condition* per se. In this study then, I want to investigate the phenomenon of Binge Eating Disorder from an insider's perspective. The focus will be on *the nature of the binge eating experience* as it is reported by those who experience it. The main research question is therefore: *What characterize the experience of Binge Eating Disorder when the individuals themselves are asked about this*? How can we understand the meaning of the eating behaviour found in BED? How does this eating disorder affect their daily life, in what way and in which areas? The principal aspect I which to explore centres on the diagnostic criterion of 'feeling out of control;' *what is the nature of this 'loss of control' dimension in Binge Eating Disorder as told from the participants' perspective*? I'm interested in how this aspect is manifested in the experiences of the participants and how they feel and think about this. I also want to learn more about how they conceptualize and make sense of their eating problem; how did the binge eating come about, why do they keep on doing it, and how do they picture the way out of the eating disorder?

3. Methodological & Epistemological Perspective

A Qualitative, Phenomenologically Grounded Approach

As the aim of this study is to explore a phenomenon from the point of view of the individuals who are experiencing it, a qualitative approach is called for. Phenomenology provides a philosophical outlook for approaching human experience on its own terms, and has therefore been an important source of reference for the development of qualitative research in general (Todres, op. cit: 104). The aim of phenomenology is to reveal the essential features of a phenomenon; both what captures it in its most general sense, and how it may vary from situation to situation. Titchen & Hobson (2005: 121) defines phenomenology as "the study of lived, human phenomena within the everyday social contexts in which the phenomena occur from the perspective of those who experience them." Todres (op. cit: 116) acknowledge how phenomenology, in common with other qualitative research approaches is becoming increasingly relevant to health- and social care arenas because they highlight the importance of understanding the experiences, stories and 'journeys' of patients and users of services.

Participants

In qualitative research, participants should be selected based on their relationship with the research questions and their ability to provide relevant, comprehensive and rich information

(Ritchie & Lewis, 2003: 49). Participants in this study therefore consist of individuals who have personal experiences with BED, and who were willing and able to give an account of these experiences. This is a purposive (as opposed to representative) sampling which means that the findings and interpretations from the study are not supposed to be representative for everyone who experience BED. However, as Smith (2004: 42) points out, this "delving deeper into the particular" characteristic of qualitative research has the potentiality to take us closer to the universal.

The participants in this study consist of eight Norwegian women aged 23-47 years who were recruited via 'Interessegruppa for Kvinner med Spiseforstyrrelser' (IKS), an organization which provides information and guidance regarding eating disorders and offer various self-help programs. They had not been formally diagnosed with BED; for this study I considered it sufficient that they themselves felt familiar with the description of the characteristics of this eating disorder. Two of the participants had recovered fully from their eating disorder, while the remaining six were at different stages of recovery; some felt they were at 'the last step,' some described themselves as 'halfway there,' while others recently had acknowledged their problems and said they still had a long way to go. Some of the participants were in treatment at the time of the interview, some were about to attend programs from IKS, while others did not receive any kind of treatment. The participants were a diverse group regarding educational level, occupation, marital status and family situation. Two of the participants were in their 20's; three were in their 30's and three in their 40's. Initially, I considered including men in the sample as approximately 30 % of those affected are men. However, studies suggest that men and women experience their eating disorder differently, and that men may be at lower risk of full-syndrome eating disorder (Striegel-Moore & Franko, 2003: S25). Women may experience greater distress over binge eating than men (ibid: S26; Kolotkin et al. quoted in Hay & Mond, 2005: 547). They also seem to experience more distress about weight and body shape (Grilo et al. 2005). I therefore decided to focus on how *women* experience this eating disorder.

Procedure

Employees from IKS recruited participants who on their own initiative contacted the organization for information or help with their eating disorder, or who already had some connections to the organization. Potential participants were given an information letter describing the purpose of the study, what kind of issues it intended to investigate and the

interview procedure. The ones who wanted to participate returned the response letter to me, and we talked on the phone before deciding on participation. The interviews lasted between 90 and 140 minutes and were conducted in places were we could be undisturbed. They were audiotaped and transcribed verbatim.

To familiarize myself with the interview guide and the interview situation, and to get feedback on my interviewing skills, I conducted a pilot interview with someone I knew who had not suffered from BED (in the interview, she 'pretended' to have this kind of problem). As a result of this, I made some minor changes in the interview guide. One of the participants in this study who has recovered from her eating disorder also agreed to function as an advisor for me regarding the interview guide and the interview procedure. After her interview, she gave me useful feedback on additional questions which could be posed, and how she felt about my method and body language during the interview.

The interviews

When investigating phenomena from the point of view of the research participants, the methodology must be based on an epistemology that can accommodate multiple and constructed realities (Kvale 1997: 15). I have approached the research question by conducting *semi-structured life-world interviews*, which, according to Kvale (ibid: 21) is useful for gathering descriptions of the interviewees' life-world with the aim of gaining an understanding of the described phenomena. The researcher should endeavour to attain specific descriptions of the phenomena under investigation, and pursue loyalty to the informant's own version of her story (Malterud, 2002: 2469). In this context, the interview situation is perceived as 'a production-place for knowledge;' it is the human interaction in the interview that produces scientific knowledge (Kvale, op. cit: 28). Qualitative research is characterized by an interactive approach, which recognizes that the people being studied are not simply passive subjects, but active contributors to the research project. According to Avis (2005: 5) the interview session is in itself a social process likely to influence the participants' behaviour, and could therefore be regarded as a process of 'generating knowledge' rather than 'gathering data.' The knowledge constructed during this kind of inquiry can never be regarded as comprehensive and final; indeed, it's more a matter of generating new questions than searching for universal truth (Malterud, op. cit).

The aim of the interview was to acquire detailed descriptions of the actual binge eating incident; what are the triggers, what kind of thoughts, emotions and actions are prominent prior to and after the binge eating? Are the incidents planned or spontaneous, and what constitutes the actual eating and 'loss of control' experience? To make use of these participants' unique experiences and to 'lift' the perspective to look ahead, I also included some questions regarding their own interpretation of the reasons for their eating problems, as well as their experiences, thoughts and reflections regarding treatment and recovery.

Structure of the interview

1) The interview questions were structured around a time line with an opening question of "how/when did you first discover that you had a troubled relationship with food?" And "how did it develop?" To contextualize and support the interviewees' story, I asked about what kind of life circumstances they experienced at that point in time.
2) Then I explored more into the experience of BED by asking more direct questions concerning the actual binge eating episodes: "Can you tell me about a binge eating incident; what are the preconditions, how does it evolve, do you go shopping for food, where do you eat and what? Can you tell me about your experiences, feelings, and thoughts during this?"
3) The next section focused around strategies and attempts the individual has tried out in dealing with the problem: "What kind of actions have you taken towards this problem and what are your experiences with this? Do you seek social support or talk with other people about binge eating?"
4) In the last section, I asked about changes: "Have there been any major changing points regarding this problem? What is your experience with binge eating now?"

Ethical considerations

My presuppositions is that BED takes place in the complex context of peoples daily lives, and is interwoven in a dynamic web of their personal thoughts, feelings, interactions, and experiences. In my view, it's valuable to take as a starting point the assumption that people act rationally given their circumstances, and that they are capable, active agents in their own lives and may have reasons and circumstances not obvious for the observer. What may appear 'irrational' from an outsider's perspective can be meaningful psychological reactions in relation to what the individual has experienced (Axelsen, 1997: 11) The disordered eating can be perceived as an active attempt to deal with something; it's 'the solution which becomes the

problem,' as Skårderud puts it (op. cit: 9). Research aiming at getting these individuals' personal perspectives on issues somewhat 'irrational' or hard to understand for those not affected by it might contribute to increased understanding about the nature of this phenomenon. Heightened scientific attention can in turn foster more research, more accurate diagnosis and better treatment.

The participants were assured anonymity and the right to withdraw from the study at any time during or after the interview. They were given fictive names from the time of transcription and all information which could reveal their identity has been omitted in this report. Each of the participants expressed that it felt meaningful to participate in generating more knowledge about this eating disorder. All procedures were conducted in accordance with the Helsinki Declaration on Research Ethics. The study was reported to the Norwegian Social Science Data Service (Norsk Samfunnsvitenskaplig Datatjeneste, NSD) and approved by the Norwegian Regional Committee for Medical Research Ethics (REK).

The Analytical Process

In analysing the textual data gathered in this study, I found Interpretative Phenomenological Analysis (IPA) to be a useful and inspiring guide. IPA originated in health psychology as a qualitative methodology developed by Jonathan A. Smith with the aim of exploring in detail participants' personal lived experience and how they make sense of that experience (Smith, 2004: 40). According to Larkin et al. (2006: 104) the analytical process in IPA is not remarkable different from other qualitative approaches, and can more appropriately be understood as a 'stance' or 'perspective' from which to approach the analytical task. IPA requires the researcher to approach the material with the aim of trying to understand the participants' world and to describe 'what it is like' (ibid.). IPA thus has the ability to elicit 'thick' descriptions (Geertz, 1973) and help illuminate human experience. It is simultaneously phenomenological[4] and interpretative[5] in that it seeks an *insider's perspective* while acknowledging the researcher's role in making sense of and interpret that personal experience (Fade, 2004: 648). IPA is about 'giving voice and making sense;' the researcher should first

[4] The philosophical tradition of phenomenology heralded by Edmund Husserl (1859-1938) has been elaborated and modified in several ways. Heidegger (1889-1976) elaborated on Husserl's work and developed a more interpretive approach to understanding phenomena with an emphasis on how human beings give meaning to experience, behaviour and action through understanding and clarification of speech and language (Rapport, 2005: 127).

[5] Gadamer (1900-2002) developed interpretive phenomenological thought into a philosophy of Gadamerian hermeneutics, stressing that language, understanding and interpretation are inextricable linked (ibid: 128).

produce a coherent, third-person and psychologically informed description, and then provide a critical and conceptual commentary upon the participants' personal sense-making (Larkin et al., op. cit). In this way, IPA involves a 'double hermeneutic;' the researcher is trying to make sense of the participants trying to make sense of their personal and social world (Smith, op. cit: 40).

Smith describes the characteristic features of IPA as ideographic, inductive and interrogative. The *ideographic* feature requires the researcher to carry out a detailed examination of every one of the narratives one by one before attempting to conduct a cross-case analysis where the themes for each individual are interrogated for divergence and convergence. Further, IPA is *inductive* because it employs techniques which are flexible enough to allow unanticipated topics and themes to emerge during analysis (ibid: 43). The inquiry can thus be described as *data driven* rather than theory driven. The researcher should not attempt to verify or negate specific hypothesis, but rather construct broad research questions which lead to the collection of expansive data. Finally, Smith highlights IPA's psychological centre in that it aims at making a contribution to psychology through *interrogating* and *illuminating* existing research. Different levels of interpretation are possible within IPA; the analysis should be clearly grounded in the narratives, but also move beyond these to a more interpretative and psychological level.

As I transcribed all the interviews myself, I gained great familiarity and closeness with the participants' narratives. After all the interviews had been transcribed, I was left with about 300 pages of highly engaging and illuminating material, comprising very comprehensive accounts of the aspects under investigation. At the end of each transcript, I included my own comments which I made immediately after each interview regarding my overall impression of that particular interview, where it had been conducted, how I proceeded and what I had learned to bring with me to the next interview. I read the transcripts through several times and made marks and comments in the margin, then I wrote a summary-story from each of the interviews in order to get a better 'grip' on the stories. The next step was to search the transcripts for any striking issues and emerging themes which pointed to the main research focus (Fade, op. cit: 648). During the readings, it gradually appeared that the participants' stories could be meaningfully captured in a processual perspective investigating 'the way in' to the eating disorder, how it's like to 'be there,' and the 'way out'. Although only two of the participants considers themselves as recovered from the eating disorder, the 'way out' is also

included because all the participants had reflections and suggestions to how this might look like. The actual binge eating episodes were also analysed as a process; the participants describe triggers and steps leading up to the incident, what the actual binge eating episode feels like, what 'function' it has, as well as the experience afterward. This constitutes four analytical questions aiming at exploring 'the way in,' what it is like to 'be there' and how 'the way out' possibly could look like. The participants' answers on these four questions guides the presentation of the results:

1. What is BED about? How did it start, why binge eating and what keeps it going?
2. What constitutes the binge eating experiences; what are the triggers, what is it like to 'be there' and how does it feel afterwards?
3. How does the eating disorder affect their daily lives?
4. How could 'the way out' look like?

Certain issues emerged as particularly relevant throughout the narratives, and these were further investigated by posing questions to the text[6]. This process extrapolated the essential issues presented by the participants. The same procedure was undertaken through all the interviews until all the transcript had been read in light of each analytical question. I searched the texts for both convergence and divergence regarding the emerging issues, and I looked for connections *within* the particular participant's story, and *across* all the narratives. Focus has been on analysis across the narratives to investigate aspects of the experience rather than individuals. Eventually, I tried to establish overarching themes that could incorporate sub-themes of these issues (ibid: 649). I wrote extensive stories on each of the participants' responses to each of the four analytical questions; this produced rich and condensed material on these aspects. The next step was to make all those stories 'come together' in four comprehensive sections incorporating the commonalities and variation reported by the participants regarding these themes. The analytical process was thus pursued as a movement from the phenomenological descriptions given by the participants to more psychologically oriented accounts by means of interpretation, abstraction and synthesizing (Malterud, 2002). I tried to let the material 'speak for itself' instead of fitting it into preset categories; simultaneously I attempted to transform the raw data in the text into more general, coherent

[6] Following Gadamerian hermeneutic, interpretation is perceived as a process of circular movement; this is the notion of the *hermeneutic circle*. A reciprocal question-answer relationship between text and interpreter develops by posing questions towards the text based on meanings that evolves through interpretation. The researcher thus has a 'dialogue' with the text- a 'hermeneutic conversation' to build on and reveal new understanding (Rapport, op. cit: 135).

descriptions. Where themes and extracts points to relevant theoretical perspectives, I discuss them in the text. In analysing the research questions aiming at contextualising the binge eating experience, I focused more on descriptions, while in trying to conceptualize the actual experience and 'loss of control,' I pursued a more interpretative attitude.

In conducting this kind of analysis there is a challenge to make the findings theoretically relevant in a way that contributes to heightened understanding. The explorative aspect reflects an epistemology where the results simultaneously represent a *suggestion* to how this phenomenon can be described and understood (Andenæs, 2000: 317). To heighten the internal validity of the investigation, the transcripts were investigated systematically, each undergoing the same analytical approach. I followed Smith's (op. cit: 46) advice to stay grounded and attentive, to constantly check the reading against the transcript itself, and to verify it in the light of the larger text, what is said elsewhere in the interview and the unfolding analysis. However, Malterud (op. cit: 2470) points out that the written material produced by transcription is merely a text and not the reality itself; in transforming oral material into a written account, this necessarily involves a certain degree of 'distortion' of the original material. Moreover, all analytical endeavours imply some reduction and filtering of data (ibid.). Access to 'experience' is both partial and complex (Larkin et al., op. cit: 104).

The interviews were conducted in Norwegian, and in order to do justice to the original narratives, the whole analytical process was done in Norwegian. Only when all the write-up for the analysis had been done, I translated it into English. It felt kind of awkward and also a bit sad to translate the personal accounts given by the participants, as their accurate descriptions, certain Norwegian terms and ways of talking, cannot be adequately captured by a different language. During the translation I made great effort to stay 'as true as possible' to the participants' original descriptions.

4. A Closer Look at the Experience of Binge Eating Disorder

This chapter presents the result of the analytical endeavour. The presentation is guided by the four analytical questions posed at the narratives, and aims at presenting *aspects* rather than individuals.

What is it about?

In this first section, the participants offer some reflections on how the eating disorder can be understood; these perspectives points to the experience of the problem as well as indicating how it might be comprehended.

It's not about food: *"The food is not the problem, it's like a thousands other problems behind that; food is just the way you try to handle it."*

The participants express how binge eating episodes can be a way to handle what they cannot deal with in any other way. Sandra explains this clearly; "*it's not about lust for food, actually; it's a substitute, or it's* something else*, but in order to subdue that feeling, food is the thing that helps then and there*." The participants' stories include some impactful life-experiences; some have been through traumatic incidents which they consider substantial contributors in triggering the eating disorder. Various experiences of being invaded and not respected regarding personal limits are central in several of the narratives. Ingrid says she had some very aversive emotions she couldn't handle by any other means, and her binge eating problem were initialized when she discovered what great effect food had on subduing anxiety and painful emotions. For Ingrid, binge eating "*compensated for emptiness, pain, anxiety and frustration*." Likewise, Bettina describes how she thinks she uses food to cover up something and "*preventing something from exploding*" without knowing what exactly she's preventing and covering over. Skårderud (op. cit: 46) puts it this way: "The emotions are replaced by food, and in that way, the needs are not met."

Several of the stories imply that eating disorders which are triggered by harmful experiences can accelerate and sustain partly due to other causes. Marion thinks the incidence that initially triggered her eating problem is not the one exhibiting the greatest impact on her today, it's more the ripple-effects she struggle with now. Hanna, whose childhood included neglect and violence, says food for her represented safety and closeness. Because binge eating can produce such an effect, it easily develops into a pattern one repeats during hard times; the

binge eating is then maintained by stress, conflicts, frustrations or hurtful incidents. Hanna explains: "*Then you enter into the same pattern, because that makes you feel good and safe, that's the way you have learned to calm yourself down, to deal with difficult situations, and then you have a tendency to simply return to that*."

It seems to be human nature to see the alternation between binge eating and 'controlled' eating as lack of will-power and self-control. This is the popular explanation amongst most people, and therefore the participants in this study interpreted their eating problem in this way as well. Many of them had never heard of Binge Eating Disorder until they began to realize that they could suffer from an eating disorder and sought out information about it. Isabel thought she lacked self-discipline and 'blamed it' on menstrual discomfort and craving for sweets. Veronika says she occasionally had 'food-orgies' when she felt lonely, but she didn't consider them to be connected with her emotional state or her diets; she simply considered herself an unsuccessful dieter: "S*urely, it was a problem, but I didn't see those binge eating episodes as part of my diet. When I binged and ate like a maniac, I just thought I didn't make it this time either*." She had heard about yo-yo diets, and thought that was probably what it was. Today, she has realized that the binge eating 'is in her head.' Veronika wonders if perhaps binge eating is her way to suppress sadness, frustration and anger; "*I don't take it out on anybody right then and there; I can even laugh about it, or not say anything at all. I can carry it inside me until I get home, then I can cry and eat and get angry*." This is also Isabel's interpretation, and she describes this insight as a kind of revelation: "*It's not that I can't lose weight, it's not that I lack self-discipline; it's simply that I eat because I'm sad and can't deal with things in any other way*." Likewise, Bettina has recently realized that her eating pattern is due to an eating disorder, but during her life up till now, she simply thought she lacked will-power and that she was lazy. Today, she finds this quite frustrating, because she frequently worked out every day. Besides, she experienced binge eating episodes that clearly was something else than simply a bad habit of eating too much; "*I do see that now; there's nothing normal about 'stuffing in' two kilos of candy within one hour, nobody would say that's a bad habit or laziness; you just don't do those sorts of things, most people get physically ill by it*." Likewise, Marion says she thinks there's always a lot of things hidden behind an eating disorder, and overweight is not necessarily a sign of laziness or ignorance regarding one's own health: "*Those people who struggle with eating too much as a disorder, they think a lot about what they eat, how much they it and if they are 'good' or not*." She thinks it's about

other things than getting oneself together; "*if it was as simple as that, I too would have been slim*."

The impact of dieting: *"I've always been on a constant diet."*

The psychological and physiological effects of dieting seem to intensify the preoccupation with food, and may keep the individual in a vicious circle of binge eating, emotional stress, and dieting (Nevonen, 2006: 17). Most of the participants in this study describe how binge eating is related to weight-loss attempts, although they don't regard this as the *actual cause* of the eating disorder. The diet is frequently related to pressure from significant others and feeling of inferiority, low self-esteem, experiencing oneself as different from others or the body as too big. It seems that family members or other persons who are suppose to help and support, in spite of presumable good intentions, frequently tend to miss, ignore or trivialize the problem, or even end up harassing and contributing to the maintenance of the disordered eating. Several of the participants tell about anorectic and bulimic eating problems in childhood and adolescence that went unattended and were 'allowed' to develop and accelerate, or they were inadequately handled. Some also tell about binge eating episodes from childhood; hiding away candy and withdrawing to the bedroom to eat in solitude. Some of them also report binge eating periods that are succeeded by more or less normal eating (without dieting) for several weeks or months.

What the participants tell about dieting indicate that they frequently exhibit great endurance and steadfastness during these, and this again gives impetus to failing the diet and start binge eating. This is concordant with research suggesting that those individuals who normally try to restrict food intake are especially vulnerable to excessive eating once they have started. Rigidity may be understood as a pursuit for control, and a way of thinking characterised by 'all or nothing' is frequently found among individuals with eating disorders (Skårderud, op. cit: 27). What Bettina tells about this characterizes several of the stories; she describes herself as preoccupied with having control, and she can be extremely strict with herself during a diet: "*If I set myself into doing something, I'm capable of programming myself into accomplishing it, but all of a sudden it falls apart, and then it really falls apart.*" This is also Marion's interpretation; she thinks binge eating frequently is a consequence of being too strict regarding diets. Those times when she's really steadfast and constantly think "*this time I* shall *make it, this time I* have to!," the struggle inside her is so tremendous that she's inclined to give up because the whole thing appears so unmanageable. She tells about some periods in

her life when she's been more stable and not been dieting, and then she actually lost some weight. Marion thinks this is because she then avoided her thought constantly tumbling around food and dieting.

Food as addiction: *"Just like my brain on a preconscious level knows that food is your drug, in a way."*

Several of the participants regard binge eating as a kind of addiction and abuse with similarities to alcohol or drug abuse. Binge eating are described as an activity they turn to in the absence of any 'better' alternative ways of dealing with things. "*I'm absolutely positive that if I hadn't turned to food, then it had been something else,*" Hanna says. This is also Isabel's interpretation; some of her friends started smoking pot in high school, and she says she's "*dead certain convinced that if I had tried it just once, I would have been caught in it*." Isabel thinks the reason why she 'chose' food instead may be because she has always appreciated food and enjoyed preparing it; besides, food is very easily available. Bettina has touched upon other kinds of 'misuse' as well, like over-exercising, partying and sex, but she found binge eating to be the least harmful among these, and maybe food also has the best effect, she says. Anja compares her eating problem with alcoholism, and chocolate was the typical trigger for her. She describes how she sometimes bought chocolate on the way home from work and felt it "*burning inside my purse like an alcoholic who has a bottle of liquor in his pocket; I just had to get my hand in there and take a sip*." Ingrid has a similar interpretation; "*like a recovered alcoholic rarely can have just one beer, I cannot start eating just a little bit of that very tasty food, because then, something happens that make me convert to those very bad habits again*." This highlights how strong the need to binge eat can appear and the impact the eating disorder have on classifying food into 'forbidden,' or 'dangerous' versus 'allowed.'

The binge eating episode

This main section explores the actual binge eating experience as it is reported by the participants; what happens before an eating binge, what are the typical triggers, what is it like to 'be there' and what are the subsequent actions, thoughts and feelings?

Triggers

The participants describe how binge eating evolve around experiences of uneasiness, transgressions and strong urges.

The uneasiness: *"When I'm upset, angry or frustrated, I eat."*

Several researchers suggest that binge eating is used as a means of coping with emotional distress (Napolitano et al. 2001). The concept of *emotional eating* was introduced as early as in 1957, when Kaplan & Kaplan (quoted in Ganley, 1989: 343) proposed their *anxiety-reduction model*. They suggested that obese individuals who engage in *hyperphagia*, constant eating during the day, do this as an anxiety-reducing activity. In concordance with this, the participants report how *negative affect* represent a major trigger for binge eating. They describe how situations where their feelings are not accepted, understood or respected tend to trigger binge eating. Huge or minor conflicts, the feeling of being invaded, overrun, unfairly treated, rejected or misinterpreted are frequently found to precede binge eating in the participants' stories. Sandra reports the experience of "*not being understood or accepted for my feelings*" as a typical trigger for her, and Ingrid says the need to binge eat can arise "*when I feel that somebody violates my personal limits, and I can't defend myself*." Bettina's binge eating episodes can be triggered by "*phone calls with my mom, because she's a struggle*," and "*situations where I feel unfairly treated, and when I can't make people see what I'm saying, I try to explain, but they just don't get it or they keep misinterpreting me all the time*." Several of the participants describe how loneliness, sorrow, sadness and longing can trigger binge eating; Sandra says she has 'eaten away' the feeling of being alone numerous times. Further, worries, uneasiness, anxiety and depression are also major binge eating triggers. For Hanna, food was 'a good friend' in times when she experienced anxiety, depressions and fears about the future, while Isabel sometimes binged on food prior to a performance; "*if I was a bit stressed up in school, if I was supposed to give a concert in the near future, and I was really nervous and started to get that stage-anxiety*." What the participants describe here seems to be

an elaboration of Wiser & Telch's (1999: 767) description of binge eating as "a maladaptive, yet momentarily effective, method of regulating affect and dampening distress."

Some of the participants describe how frustration and anger that they try to suppress while together with others can trigger binge eating later on. According to Christensen (2002: 83) binge eating can be a mean to 'balance out' some strong feelings. Several of the situations described indicate this, like Veronika: "*I can feel this overwhelming rage, but I control myself until I get home and am alone, then I go through the situation again in my head, and then I can eat tremendously*." Keeping in mind Baumeister et al.'s (op. cit: 18), notion that overriding an impulse requires strength which can be seriously limited by tiredness, too many things to regulate, unusually demanding circumstances, or 'uncontrollable' or 'unstoppable' impulses, it is not surprising that several of the participants describes how binge eating frequently occur following a stressful day or if they feel completely exhausted, like Veronika; "*for instance, if I'm very exhausted, if I've had a stressful day and I'm alone at last; then I can finally eat*." Likewise, Ingrid tells about some evenings when she got home from late shift at work;

> *When I got home and felt very, very tired, then I just walked to the fridge like I was hypnotized, and there I stood eating and eating and eating. And all the sudden I was no longer frustrated, I was not upset, I did not feel empty and stressed out in my head, and the carousel that beforehand had been buzzing constantly, were quiet*.

This illustrate the powerful effect binge eating can have on providing relief and relaxation. The participants describe some binge eating incidents as a mean to 'get away from' aversive emotions. They express how feelings of boredom, dejection, sadness or depression can trigger binge eating; "*a spontaneous eating binge can occur when you feel depressed, bored or receive bad news*," Hanna explains. Similarly, Isabel recalls that it was the 'heavy' days that tended to include binge eating, and during her depressed period the binge eating was at its worst. This is concordant with Blackburn et al.'s (2006) study which suggests that binge eating may be a mean for escaping from distressing emotions arising in the context of negative self-evaluation.

Isabel is the only one of the participants who also describes how *positive* and *ambivalent* feelings can trigger binge eating; after she discovered that she had fallen in love with a 'forbidden' person, she went home and 'celebrated' this occurrence by binge eating. This also

happened when she was offered to give a prestigious and demanding concert she was unsure whether she could handle; "*Then I 'celebrated' for myself, but I was extremely nervous, I was scared to death. I thought: 'what on earth have I gotten myself into; is this really what I want?*" This kind of eating binge could perhaps also be conceptualised as an act of 'balancing out' the intense feelings as suggested by Christensen (op. cit.).

The transgression: *"If I eat just a tiny little more than the amount of food I'm suppose to eat that day, that's sufficient to overthrow everything."*

The very act of transgressing a self-defined limit regarding the amount or kind of food allowed seems to trigger binge eating. Perhaps the *abstinence violation effect* described by Baumeister et al. (op. cit) is at work here; the transgression act initiates *lapse activated causal patterns* and activates emotions which can make self-stopping harder. Bettina explains:

> *Suddenly, it goes wrong, and when it goes wrong, it really goes wrong, and then I'm back to zero again. As long as I mange not to have one gram above the limit, I'm ok, but if I eat a little bit too much, it's like someone says: now you have ruined everything, you've lost control, so you might just as well go on eating*.

For Ingrid, certain kinds of food function as the transgression; "*If I start eating very tasty food, something happens that make me convert to my old bad habits again; then I get my 'ignition' and then it's done*." Anja says she couldn't handle the sensation of fullness; when she sensed that she had too much food in her stomach, she had in some way lost a limit: *"When I felt full, then I had blown it, and then I started binge eating. But the strange thing about it is that I couldn't stop…When I got to that 'a-bit-too-full-limit,' I just clicked."* What counts as transgression thus vary some between the participants, but it seems that the very act itself, no matter how small or insignificant, produces the experience of having irrevocable 'lost the battle.'

The urge: *"You feel like a delayed-action bomb, you just know that this can't keep on much longer."*

The binge eating episodes seem to be disconnected sensations of hunger and fullness; "*it's absolutely not because you're hungry; you don't get hungry one hour after you've eaten dinner*," Marion says. Likewise, Ingrid explains that binge eating has "*nothing to do with being hungry*." Nevertheless, several of the participants describe how dieting periods produce strong inclinations for binge eating. Marion describes how her binge eating periods are

triggered by firm dieting for several weeks; *"I'm either very strict on myself or totally lost."* Anja also recalls this experience; "*I fasted Monday, Tuesday, Wednesday; and on Thursday I was totally drained and tired, and then I binged and just ate totally out of control."* Bettina describes how her binge eating episodes sometimes are triggered by hunger sensations because she hasn't eaten properly, but mostly the impulse is experienced as "*a compulsion, a drive, you're simply itching to get it."* Veronika says she sometimes feels an enormous compulsion to binge eat; initially, it can feel like she's thirsty or hungry, but when she starts eating it just accelerates and she eats more and more. The sensations of thirst or hunger can then function as the factor that leads to the first lapse in self-regulation as described by Baumeister et al. (op. cit).

Being there

The binge eating episodes are described as inevitable, they mostly happen in solitude and they can evolve automatically. They seem to serve a certain function, and they are pervaded by a feeling of hurry, rush and a temporarily relief.

The inevitable: *"You just find yourself eating.*"

The participants describe different kinds of binge eating episodes; some seem to be planned while others are described as something that just happens. The same person can experience several kinds, while some participants report solely planned or unplanned binge eating. "*For me, there is a difference between planned and spontaneous food-orgy*," Hanna says. The planned ones, she can look forward to; "*then I was very happy while planning it; finally I was allowed to do it, now I shall enjoy myself*." Anja also describe this sensation of positive expectations; "*It was a wonderful feeling to walk home, knowing you had a huge candy bar in your purse, and maybe a couple of more*." Hanna says she enjoys the food she eats during a planned food-orgy, but sometimes only for the first minutes. A *spontaneous* eating binge, however, has a totally different character: "*It is not something you think about, you don't look forward to it, you don't know what's in your cupboard, you just shuffle it down no matter what it is.*" Ingrid report that her eating binges are not at all planned, except for maybe a few seconds ahead; if she feels the urge to binge eat, she always has something in the kitchen she can eat; she don't go shopping for food to binge on. In contrast, Marion describes her binge eating episodes as planned, and she considers herself the kind of binge eater who between dieting periods have days of constantly 'snacking' all through the day. But even these kinds of

binge eating episodes are experienced as being somewhat outside her range of conscious decisions: "*It's something very strange about it; sometimes I even stop myself in the middle of it and ask 'why am I doing this, really?' But it's because I'm not in a 'good' phase now, therefore I must make sure to eat a lot while I have the chance*." The act of eating during those days seems to be characterized by a certain compulsion or coercion; "*Just stuff it down! Just get it over with! Can we please reach the end of this day?*" Bettina report having several kinds of eating binges, on some occasions she feels a kind of uneasiness, *"and then you are simply drawn towards the kitchen or a store, and you just start eating, without even noticing it."* She also describes another kind of binge eating experience characterized by imminent desperation:

> *And then, there's the one where you get absolutely desperate, and these are perhaps the worst kinds, that is when you realize that you have a problem. It feels like being trapped inside a burning building and you're struggling to get out. And when you're inside a burning building, the thing to do is trying to get out the door, but inside my problem, the food is the 'way out'; as soon as I have stuffed it inside me, it's like: Oh! There I managed to put out the fire!*

This highly illuminating metaphor offered by Bettina seems to point directly to Skårderud's conceptualizing of eating disorders as 'the solution which becomes the problem' (op. cit: 9).

Frequently, a binge eating episode starts with a visit to the store; several of the participants report that they avoid keeping certain kinds of food in the home to avoid binge eating, but some of them also report occasions where they've purchased food for keeping a stock for some days. The preferred binge eating food is the 'forbidden' kind of food high in calories, fat and sugar which the participants report they don't normally allow themselves. This often includes all kinds of sweets, snacks and chocolate, but not for Ingrid; she never eats candy, but binge eats on more 'regular' food, like dinner left-overs, creamy pasta and sandwiches etc. Bettina explains how binge eating episodes can be sort of planned as far as she can sit and think; "*I can walk out that door, then I will enter that particular store and I will place myself exactly there, and then I will buy that and that and that*." Similar to several of the other participants, she often goes shopping in at least two different stores to avoid the embarrassment of other people noticing all the unhealthy food she's purchasing. Anja says she was sure that people could see that she was a disturbed person when she bought a lot of chocolate. Some of the participants say they feel other people look at them with contempt when they're in the store, like Sandra:

> *I don't think they consider it an eating disorder, because I don't reckon they know much about Binge Eating Disorder. Rather: 'my God, she's greedy if she's supposed to eat all that! That horrible person who's as fat as she is, and then to wallow down all that food; she shouldn't do that, she should be at the gym instead of shopping this kind of food!*

She therefore sometimes adds some fruit to 'counterbalance' for all the unhealthy food. Bettina also refers to this, and she calls it part of 'the cover-up operation' surrounding every binge eating episode.

The solitude: *"When I'm with others, I barely touch the food. It never happens that I 'lose it' when there are other people present, but it happens when I get home."*
Binge eating episodes as described by the participants mostly happens in the afternoon, evening or late at night when they get home from work or school and are by themselves. Some also report binge eating earlier during the day if they are able to be alone. Sandra recalls she sometimes binge ate at home in the morning before going to an afternoon-shift at work: "*Then I got up and had breakfast and lunch simultaneously, but it was binge eating, I lay on the sofa and ate pizza and chips and perhaps some crackers*." All the participants say that prefer binge eating alone and as far as possible keep it hidden to others. When she gets home from a party, Marion sometimes feels like she has to eat a lot to 'make up for everything' she didn't eat while there were others around. But what if there are other people present and the need to binge eat appears inevitable? Bettina is sometimes forced to do it with others around, but then, she makes an effort to keep it somewhat hidden; this is what she refers to at the 'desperate-way' of binge eating; for instance, she can chew up a pack of cough pastilles non-stop. Bettina says she can binge eat candy on the train home if she has no other choice, even if there are other passengers around, but not if they're sitting right next to her. Likewise, Sandra says she sometimes has no other options than to binge eat while she's sitting on the bus.

Nevertheless, binge eating is predominantly a private matter; when other people are present they eat on the contrary very restrained and moderate; "*I eat normal, or less than normal amount of food when I'm with others, but when I get home and am by myself, then I binge eat*," Sandra says. If she has invited friends over for dinner, she can sit there and think; "*why can't they go home soon, so I can eat what I need*?" Bettina thinks the best way to spot a binge eater is by observing family dinners at Christmas Eve;

> *That is the best example, because this is the one day of the year where everybody binge eat except the ones suffering from Binge Eating. Because you are all gathered, you are not alone, you're not able to be alone unless you sneak out and bring something with you to the toilet. So then it's so obvious; everybody sits there eating and eating, while the binge eaters are just fiddling with the food*.

Bettina seems to suggest that individuals suffering from BED may find it very difficult to enjoy all the delicious food served on these occasions. She clearly distinguishes between the 'normal' binge eating people frequently engage in during special occasions, and the kind of binge eating that requires solitude and hiding away.

The automation: "*It evolved automatically in a way, it was never an alternative to try to stop; it was simply something I had to do."*

The participants' accounts of the actual binge eating indicate that these experiences have a certain nature which distinguishes them from more regular activities. Binge eating is frequently experienced as automatic, inevitable and out of conscious control: *"I wasn't able to stop, it happened automatically, I couldn't stop as long as I new there was more food left; I was completely wired up,"* Veronika says. During the binge eating, they often report feeling detached from themselves and unable to control the situation. This is clearly evident in the participants' descriptions of feeling like 'a zombie,' 'hypnotized,' or 'like sleep-walking.' Anja recalls how she often considered the binge eating 'a real strain,' but still she couldn't stop it. She describes the sensation of feeling outside of herself and not connected with her real self. This is similar to Isabel's accounts of binge eating as an 'out-of-myself-experience.' Several of the participants describe the binge eating episodes as a trance-like state. Ingrid describes it this way; "*and then something happened, I sort of entered a trance, I didn't feel anything sad, I didn't feel anything terrible; and then I finished the rest of that cake.*" Sometimes, they report 'waking up' in the middle of binge eating and ask themselves what they are doing. Bettina relates;

> *On those occasions where it happens automatically, I sometimes find myself in the middle of it: 'what happened right now?' It's almost like you're sleep-walking, and then all of the sudden you sort of wake up a bit, and 'oh! What happened? No I don't know; I simply must have more.' And then you just go on*.

Marion says it feels like she has to make sure to eat a lot before the next diet comes up;

> *Sometimes, I put a bite of food in my mouth and think; 'no, I can't really stand this!' But I still do it, because I have to; I have to do it, in a way. Sometimes I've*

> *even decided in advance the amount of food I will eat that day, and I can feel so bloated I don't now where I'm about, but I have to complete it*.

When the participants go shopping for food to binge eat on, this imply planning and could paradoxically be conceptualized as 'planning to lose control over eating.' Sometimes, however, it seems that the feeling of 'being forced' or 'automated' that many refer to, can set in at an earlier stage. Bettina describes how she's sometimes simply 'drawn' towards where the food is, and then she just stands there eating without really noticing it. She tells about a recent incident where she felt halfway conscious; "*I walked like a zombie and barely new what to do, but my legs just kept on going, and they walked to a store and bought candy; my legs moved automatically, and I wasn't the one who was in control*." When the binge eating starts up, it just continues, Veronika says, and then she's simply not capable of stopping it. This acceleration resembles the previously mention principle of *psychological inertia*. However, Veronika describes this experience as being totally unable to control the situation; in order for her to stop herself during an eating binge, someone would have to hold her harms locked up, she says. When the participants tell about the planned binge eating episodes, their stories reveal a feeling of inevitability which seem to indicate that they are not necessarily experienced as completely voluntary: "*I knew that I was about to binge eat, but I couldn't resist it, I had no choice, it wasn't anything to reflect on, it was just the way it was*," Sandra says. Bettina describes how her body sometimes seems to know what has to be done. Then she don't even notice the incipient uneasiness, it's like her body takes over because it knows what's about to happen and initiates 'preventive action,' as she calls it.

The function: "*I have to get away from this, and I know this will help; it's the only thing that works.* "

The binge eating episodes are maintained by the fact that they actually work quite well at the moment. Bettina describes how binge eating often is the only way to get through the day: "*If I hadn't done it on that occasion, I wouldn't been able to get myself to that seminar afterwards; sometimes binge eating is the only reason I can function*." Bettina says it function as a mean to elevate stress and aversive emotions; binge eating has the ability to lift her high up from a state of being completely down in just a few seconds. Isabel recalls how binge eating felt like the only thing that could comfort her; "*everything felt sad and awkward, I felt so bad then, the only thing that helped was that milk chocolate."* Isabel points out that although the binge eating definitely functioned as she wished, its contribution is comparable to Valium; it works

right then, it mitigates the symptoms for a while, but it doesn't eliminate the actual cause. The previously described pattern of *spiralling distress* could contribute to this experience, as when Sandra describes how binge eating can make her feel terrible "*so then I sometimes start binge eating again in order to subdue* that *feeling*." It seems like this represent the second factor in *lapse activated causal patterns*; the emotion from the first lapse becomes the source for further motivation to continue eating.

The binge eating episodes seem to progress in the absence of accompanying thoughts and feelings. Hanna describes this as the actual purpose of binge eating; what makes binge eating worthwhile is exactly this absence of worries, anxiety and insecurity: "*Because then I stopped thinking at least during those hours while I was binge eating*." Isabel describes it this way: "*You totally disconnect, there's no feelings in it; it's simply about 'getting it in*.' Several of the participants describe binge eating as a mean for accomplishing emotional numbness. Ingrid describes the sensation during binge eating as the closest she has ever been to peace and happiness, because her head is completely empty: *"Then, I'm numb; I don't feel anxiety, I don't feel frustration, no worries, nothing at all."* Likewise, Bettina says binge eating helps her "*numb myself sufficiently to enable me to get through the day*."

Some of the descriptions seem to imply that the action of 'shovel the food down inside' can function as a compensatory activity for the thoughts and emotions they try to suppress and avoid; as the food repeatedly is pushed down, so are other thing for a little while. *"I don't enjoy the food; I simply notice that as the stomach gets filled up, the painful feelings are pushed out,"* Ingrid says. Bettina describes how the uneasiness inside her sometimes is so strong, she feels she's about to explode; "*and then you take the food to press down that explosion to make sure it doesn't detonate*." Sandra says she simply throws the food inside her when she binge eats; "*it's just about 'get the food down', get the feelings out*." While binge eating, she forgets everything else, but she still feels the presence of anxiety and sadness. Veronika says she don't feel anything while binge eating because she's pushing her emotions downwards with the act of eating; "*it's simply about putting something in my mouth, I don't think about it, it's like I'm absolutely out of control, I just think I got to have something in my mouth.*" Bettina's descriptions also illustrates the importance of the chewing activity; "*If I put something in my mouth and chew on it, then I can totally concentrate on chewing, getting my teeth up and down. And then, I can't concentrate on anything else, I have*

in a way blocked out everything." These descriptions imply that the actual eating and chewing activity is far more important than the kind and taste of the food.

The hurry: *"I eat very rapidly; I just shuffle the food in me."*

Some researchers suggest that individuals suffering from BED tend to eat slower and less 'desperate' compared to BN individuals (Fairburn, 1995: 16). This distinction is not supported in this present study; all but two of the participants report eating at a high pace during binge eating. It seems like a feeling of being in a hurry pervades especially the spontaneous, but sometimes also the planned binge eating episodes. Once the need to binge eat occurs, all one's thoughts narrows down to this thing exclusively and overrules other disturbing impulses. Bettina tells about walking five kilometres to get to a gas station, solely concentrated on getting binge eating food. She says that even on those occasions where she's almost forced to face some of the things she's trying to eat away, she can be so strongly focused on getting to the store that she's unable to think about anything else. Bettina describes the hasty feeling in an illustrative allegory;

> *It feels like you have to catch the bus, and then you spot it, about to drive off from the station just as you arrive. And you run for 50 meters to get there, and you just barely manage to be admitted inside the bus, and you sit yourself down, breathing heavily, you sit there catching your breath; I made it! I prevented the explosion!*

The participants describe how binge eating sometimes feels like 'a matter of life or death;' there's no other option and it has to happen immediately. Being in this state can also result in binge eating even while others are present; one turns to 'the desperate way,' like binge eating on the train or on the bus. Even Ingrid, who reports eating in a normal pace during binge eating, gives an account of the episodes as a hasty experience; "*If I've been 'out in the world' and feel very stressed when I get home, it sometimes happens that I stand in the kitchen, eating out of the fridge*." Marion's binge eating episodes are not that hasty because she tends to have days of constant overeating. However, she refers to the feeling of being in a hurry when she describes how she feels she has to make sure to eat enough now, before the nest diet comes up.

The rush: "Y*ou don't really sense what it tastes like; you just eat to fill up*."

Even though the participants report purchasing and binge eating on food they like and consider pleasurable, the actual taste and enjoyment of the food is described as very brief and transitory. It frequently occurs in such a high speed that the there's no time to get a grip on

how the food really tastes. Ingrid says binge eating is not about eating for the sake of pleasure, and Bettina explains that it's more about the pleasurable *feeling of assurance* because she knows the calmness that will follow. Even Isabel, who describes herself as a 'gourmet binge eater,' did not enjoy the taste of food while binge eating; "*it happened so quickly that you didn't… Perhaps the first two bites, but after that it was just 'put in,' and it wasn't any pleasure in it. And I'm very conscious about that because I know how to enjoy food, really*." Isabel had normal eating-periods as well; she loved preparing food as a social activity, and she frequently invited friends over for dinner. She gives a good metaphor to describe how binge eating is distinguished from regular meals: Dinners with friends are "*a really good experience, it has something warm, comforting, and bright surrounding it*," while the binge eating episodes are described like this: "*they are grey, and they are dark, really. And cold, something totally different, there's no enjoyment there, not at all*." Sandra also has a good illustration of this; she tells about a chocolate muffin she recently 'stuffed in' just before going to bed, without noticing the taste; "*I could have enjoyed that muffin if I'd eaten it with a good cup of coffee together with a friend, then I can enjoy it, but I ate it as binge eating*." Marion also tells about this kind of experience; "*I do like the taste of chocolate, I really do. But most of the times when I feel truly bad and eat far too much throughout the day, I don't enjoy one single bite*."

The description of binge eating as lacking enjoyment is also illuminated by some of the participants' account of eating frozen food or food they dislike; "*cold sausages straight from the package don't taste good; you can't say I enjoy it then*," Veronika says. Likewise, Ingrid's first binge eating episode consisted of a frozen cake straight from the freezer and a bottle of milk. Sandra also tells about eating frozen cakes and frozen buns and all sort of things. Bettina says for her, it's undoubtedly candy, crackers, cakes and sweet things that function best as binge eating food, and sometimes it's just like her body instinctively knows and tells her what she needs to eat. However, what matters are eating until you reach a certain point which produces the right effect, she says. Bettina goes shopping for the kind of food she prefers when she's 'planning' an eating binge, but she explains that this is based on other thing than getting pleasure from eating:

> *If I eat very sour or salty things, my mouth become really sore and nearly bleeds, but I still continue, and it is not at all pleasurable, it's even painful, but you can't stop until you've reached a certain level. I don't know where that level-point comes from, it's just like the body responds: 'Now, there you have the perfect amount!'*

> *Sometimes it helps reaching the point where you get physically ill, but other times it's sufficient that you sort of get bad conscious about it, because you feel so sick*.

These descriptions given by the participants further challenges some of the research on the area suggesting that BED individuals (as compared to BN individuals) to a greater degree enjoy the food, the taste, smell and texture of it while binge eating (Grilo, op. cit: 19; Mitchell et al: 1999).

The relief: *"It was a very strong feeling of relief; finally I'm home alone, nobody can see me."*

Even if binge eating can be painful and feel like it's forced upon them, the participants also describe binge eating as satisfactory. Marion describes the horrible feeling of 'waiting' for the moment when the diet fails and dreading for the inevitable fall; "*because that is what it builds up to anyway*." It can actually be kind of pleasurable to 'blow' after a diet; "*I sort of find some peace in that, because then I won't have to be so strict on myself.*" This has similarities with Bettina's accounts of losing control when binge eating; "*then you sort of regain control by binge eating, because that is something you do have some control over*." These accounts seem to imply that when the diet 'fails' this is not altogether an aversive experience; it can simultaneously contain sensations of liberation and relief. The time prior to the binge eating, while the eating is on and immediately afterwards is frequently described as satisfactory in some way; it is at this moment the binge eating has its function. Several of the participants describes feelings prior to the binge eating characterized by relief over finally to get the opportunity to be alone, relax, stress down, and shut out the rest of the world. It seems that binge eating contributes to the pleasurable felling of 'finally be allowed to be oneself, have a private space.' Inside the binge eating episode, no one overrules or invades their personal boundaries. Veronika describes it this way:

> *Now, I can finally breathe, everybody else is out, so now I can just 'shuffle in,' because now, I'm exhausted, I can allow myself some more and relax. Nobody sees me, there's no one telling me I'm too fat or anything, I don't have to answer to nobody, I can eat what the 'heck' I will*.

For Hanna, the feeling preceding a planned binge eating episode is characterized by: "*Now, I will enjoy myself, this is leisure time, this is my time, this is something I will keep for myself.*" Isabel recalls how she experienced an enormous relief when she got home and knew she was about to binge eat; she describes it as 'throwing away the other life.' The moment when she

closed the door behind her, gave her a pleasurable feeling of "*that other life is out there, I'm in here. Here's my space, in a way, I'm the one in charge here, and I can do whatever I want*." The immediate sensation afterwards, Isabel describes as physically a feeling that she's had enough, but simultaneously it was gratifying; *"it felt satisfactory that I was so full, that it had worked; I'd managed to block out something, though I was eager to eat more*." Hanna says the feeling of safety and closeness that the binge eating produced, never lasted longer than until the next morning. Likewise, Ingrid says she feels happy while the actual binge eating is on, and the pleasurable sensation of numbness can last a little while, but the nest morning it is definitely gone.

The aftermath

Binge eating can be followed by an unpleasant fullness, repulsion and a sense of paradox as the whole thing sometimes appears almost unbelievable.

The fullness: *"I don't think I felt the fullness besides from having troubles walking, it was painful."*

All the participants say they have experienced binge eating to the point where they are unable to eat any more. This can produce an extreme sensation of discomfort where the physically painful experience of having pushed the body to the limit, coincides with the psychological pain of self-contempt and regret. Veronika report eating until she feels like "*a total wreck, I sit there all messed up and I'm so stuffed I can barely move*." Hanna says she felt "*disgusting, rotten and filthy*" after binge eating. Anja recalls how binge eating made her stomach enormous; "*totally filled up with bad feeling; sadness, longing, sorrow, loneliness, misery… the whole thing was inside my belly*." Isabel describes how she ate without any sensations, until she reached a point where she realized "*if I put one more bite in my mouth now, that's not possible, I'll get physically ill*." She would then have to wait for an hour or so before she could start binge eating again. Bettina describes a paradoxical situation where it feels like she has to eat up everything no matter what, even if she's about to throw up; *"and if you then keep on eating, you actually convert to feeling hungry again, and then you can binge eat once more*." Several of the participants have tried or thought about throwing up after binge eating, but felt that it wasn't for them or been unable to it.

The repulsion: "*I feel like a pig, I feel like an idiot, I feel like the worst scum of the earth, like a slum*."

All the participants report huge amount of shame related to the binge eating episodes. *"Afterwards, I feel terrible to have done it; I feel ashamed, disgusting, worthless and awful. I get angry on myself for having done it,"* Sandra says. It seems that this shame can be so powerful that they somehow 'hide' the binge eating even for themselves. Isabel recalls the need to remove herself from what she was doing when she sat home in the sofa binge eating, so the TV had to be on for distraction. Marion says she could never imagine setting out all the food or candy she's about to eat on the table because that 'looks a lot worse' even if she eats alone. Bettina describes how she always gets rid of the trash and empty candy bags immediately after the binge eating even when she is absolutely sure she'll be alone in the apartment for a week and no one will notice; "*the trash and all the traces, 'the proof'' that I've been binge eating, I'm able to remove the very second I'm finished, no matter what*."

Binge eating episodes are frequently terminated by the act of going to bed; this is related to the fact that binge eating often occurs in the evening, but the participants also describe going to bed as a means of escaping from the unpleasant feelings accompanying binge eating. The episodes can be so challenging both physically and emotionally that there's no other logical thing to do. Several of the participants report sleep-disturbances after an eating binge, while Ingrid, who normally has difficulties sleeping, report sleeping very well after binge eating. Waking up the morning after an eating binge, Ingrid describes as "*a feeling like I've been on the worst booze-up in the world; heartburn, nausea, swollen stomach, and self-reproach and all that stuff*." Binge eating can produce an overwhelming state of ruthless self-contempt characterized by a conviction that 'this is entirely my fault; I have caused this problem and put myself in this situation.' After the initial comfort produced by binge eating, Hanna says "*you get really angry on yourself because of what you've done*." She scorned herself with thoughts like 'you will never get well.' Marion says she feels like she's let herself be fooled once again, even though she's failed so many times before; *"I really am easily fooled, I can't make it, I'm doomed*." She describes an awfully bad conscious, especially if she senses some physical symptoms that makes her worry about her health; "*now, I'm getting my retaliation, this can't continue, I will die soon if I don't get myself together*." Likewise, Bettina says binge eating makes her feel like the world's biggest fool.

The paradox: *"The fact that I actually can be so aware of what I'm doing, why I'm eating and how bad it is for me, and that I shouldn't do it, and still keep on doing it."*

The participants describe the experience after an eating binge as characterized by despair. The effect of binge eating is so swiftly gone, and when it's lost they feel even worse than to begin with. They express how different it is to regard binge eating experiences in retrospective as compared to at the actual moment. Hanna says it this way; "*you can look forward to the binge eating several days in a row, but still, when you look back at it, it's awfully lonely*." Bettina says binge eating can feel like biting one's own tale; she talks about binge eating as a way to get through the day, but when she binge eats she gains weight and handle her everyday-life even worse, *"so then I have to binge eat in order to get through* that *again.*" Isabel puts it this way; "*the wounds are rather maintained by all the stuff one puts inside. Right then it deadened it, but it didn't take long before it was the same thing all over again. Nothing was really solved, no wounds were healed*." It is also quite paradoxical that all the participants seem to be very knowledgeable about healthy food and life-style. They have tried a number of different commercial diets, and they display great insight in the mechanisms triggering binge eating episodes. The despair grows even stronger by being so aware of the fact that the only sensible thing to do is to find some 'middle course,' but still not be able to live according to that insight. Bettina says she's aware that she eats as a mean to suppress feelings, but she's still unable to stop. Marion also describes this experience; "*I never learn! I certainly do now that I can't lose weight this way; how could anybody really keep on doing this*?"

How does the eating problem affect daily life?

BED is not experienced in a social vacuum; it's also something that evolves in a cultural and social context and it can presumable exhibit considerable effect on daily living. This section therefore offers some accounts on how the participants experience BED on a day-to-day basis and what impact and significance it has on their lives.

Social withdrawal

"I can't even count all the times I've called to say I'm not coming tonight," Marion says. All the participants give some indication that their eating problem has made them withdraw from social occasions, stay home from school or work and reject invitations from friends. These periods can last for days, weeks or even months, with intermediate times of normal functioning. The participants report several reasons for withdrawing from social settings; the

weight fluctuations and especially weight gain that accompanies the eating disorder make them more uncomfortable with their body and make them feel more exposed to other people's judgemental gazes. After a highly traumatic time, Ingrid experienced a time of intense binge eating which lasted for two years and resulted in a weight gain of 50 kilos. At the time of the interview, she says she prefers to mostly stay at home and avoid meeting people who knew her the way she was; "*I don't want to meet anybody from my past the way I look now*." Ingrid says she thinks other people to a great extent judge her for her overweight; "*The people who see me now, I think they see me as a real slop, a person who is unintelligent and can't control herself, who is unkempt and doesn't care about how she looks*." Sandra also describes this feeling of degradation; "*people don't quite get it, they think that it's simply about stop eating too much, but it's not that simple*."

Marion says she can't stand what other people think about her; she feels they often think things like; "*My God, why doesn't she just get herself together?*" Although rationally she knows that most people don't put judgements on her, this cannot ameliorate the feeling she has inside. For some, the discomfort towards revealing the body is so intense they even avoid seeking medical care. Hanna recalls a time in her life when she was so overwhelmingly ashamed of her overweight body that she neglected some quite serious health problems which required medical attendance. Likewise, Ingrid has not seen her doctor for several years because she doesn't want the doctor or anyone else in his waiting room to see her. This is concordant with studies indicating that overweight individuals more often than normal-weight person delay or cancel medical appointments. Embarrassment concerning weight seems to be the main concern (Neumark-Sztainer & Haines, op. cit: 350). Keeping in mind the negative stereotypes not uncommon among health care providers, this is perhaps not so hard to understand.

An altered relationship with food and weight gain in turn influence relationships with other people. Because of her discomfort with her body, Marion feels a constant restriction upon her in every social situation. She worries a lot about how she looks and who shall see her; "*who will see me on that occasion? Will they see me from the front, from behind, from the side?*" The hours before she's going out can be terrible and she dreads for people to look at her. Marion finds it very exhausting to constantly worry about these things; she feels she has to flee from so many situations, and sometimes even lie to get away. The summertime can be nightmare because she cannot cover up in clothes; "*I don't know how many times I've come*

up with some stupid excuse for not going to the beach." She can't stand her picture being taken, "*I don't want to be seen.*" Likewise, Veronika says she feels far too big, both regarding her height and her weight; "*I feel like an elephant walking around among mosquitoes*." Everything feels too small when she's shopping clothes and shoes, and she envies women who fit in a size 38. Veronika says she thinks other people see her as too big as well, and her shame regarding her body size even affects where she places herself in a room of people; "*I always place myself next to the ones who are biggest and fattest, I don't like being together with small people, actually, although I know you shouldn't judge people based on their looks.*" What the participants relate here, may point to the findings from Reas et al.'s study (2005) who found that individuals suffering from BED frequently engage in *body checking* (e.g. checking or measuring oneself or specific body parts) and *body avoidance* (e.g. avoiding being seen from certain angles, avoiding revealing clothes or being conscious about not looking at oneself in the mirror). The authors suggest that these behaviours may play a role in the maintenance of the disorder, as the study revealed a relationship between body checking and food restraint, and between body avoidance and binge eating.

The eating disorder can make it difficult to allow other people inside one's life; Sandra says she has 'eaten away' many of her old friends, and Bettina says she finds it hard to get close friends since she doesn't even allows herself close to herself. Anja says nobody in her circle of friends and colleagues knew she had an eating problem, and this permeates all the stories; one doesn't talk about something like binge eating. Veronika will rather say that she's on a diet; "*I don't think I can tell my friends about my eating problem, because it's about being in control. Not to be in control over eating, that's tabooed in a way, I think*." She doesn't want her boyfriend to move in with her, because she doesn't want him to see her binge eating; "*I want to get rid of the binge eating before I let him move in with me. I don't think I could have done it with him inside the house*." Hanna recalls the feeling of not fitting in; "*you feel like you have something to hide in a way, and that made it very difficult to be together with other people, because you felt so different*."

Several of the participants express how binge eating has negative effect on intimacy and sexuality. While her eating disorder was at its worst, Sandra couldn't stand anyone touching her, and she could not receive a hug. Hanna says sexuality is something that waxes and wanes in relation to binge eating episodes; "*when you binge eat, you have less sex because you feel disgusting and rotten; you don't feel like having sex then*." Ingrid feels the same way; she says

nobody gets to see her naked, and sex is not at all in her mind while feeling this much overweight; "*it's just disgusting to think about*." Bettina is an exception in this matter; she says nakedness and sex is unproblematic for her. Hugging, on the other hand, is not something she feels comfortable with; "*I think hugging is awful. I can't give a friend a hug on my own initiative, 'cause then I sort of show that person that 'I need you,' and I can't do that; I'm not supposed to need anyone*."

The eating disorder affects social occasions involving consumption of food. Several of the participants recall using food as comfort already during childhood, binge eating alone in their room or other hiding places. This often makes them skilled at covering up for the eating episodes, throwing away and hiding any empty candy bags or other 'traces.' They describe how the troubled relationship with food increasingly is accompanied by a preference for eating alone. Eating together with or in front of other people can be very difficult; "*eventually I just couldn't eat in front of others, for some reasons*," Bettina says. During family meals or other social settings, they restrain their eating or simply eat almost nothing. The very act of eating is surrounded by secrecy, shame and embarrassment, as Marion says; "*as I started hiding away when I ate, I developed a sense of shame towards eating, and a feeling of constant failure.*" Besides, the food served on social gathering tends to be the typical food for triggering binge eating; very tasty, high calorific food. Marion describes how disastrous it can be if she's at a party and for politeness has to take just a tiny little piece of cake, because this can trigger an eating binge for her when she gets alone. Likewise, Ingrid says she panics if someone suggests social gatherings with lots of cosiness:

> *When someone suggests that we go to a holiday cottage and barbeque and eat a lot of good food and all those things... If I'm in a phase where I'm able to control my food-intake, then I cannot participate on such barbeque parties; that would be like giving an alcoholic a bottle of liquor.*

The binge eating episodes themselves and the immediate consequences can to a great extent contribute to social isolation the following day(s). Not just because of the psychological burden of self-degradation, but also the physical repercussion of eating too much. Hanna recalls some days when she couldn't go to school or work because her clothes didn't fit due to water retention and swollen stomach. Sandra tells about times when she withdraw to her apartment several days in a row, not doing much else than binge eating and sleeping. On those days, when she ran out of 'binge eating food,' she could binge eat on 'almost everything,' like

crisp bread, frozen buns and cakes. Isabel also describes these kinds of lonely binge eating days were she withdrew from school and social occasions. She considers herself as a very social oriented person, but during her binge eating periods, she sometimes spent several days inside the apartment, sleeping and eating;

> *On those days, there was a lot of binge eating all through the day. Staying home, sleeping all morning, getting up when all my cohabitants had left, and then I knew they were in school or work, so then I could go out shopping for food, and then I went home and ate. I often bought enough food to last for several days, because I planned to stay home from school for some days, and I just thought, now I won't bother going out anymore, I just take this one trip to the shop.*

The participants describe how the psychological strains of weight gain are evident quite early in life. Some of them started binge eating and gaining weight in childhood; Bettina says she has been binge eating from she was about six years, and she recalls her mother complaining about how difficult it was to find clothes that fitted her. Hanna also started binge eating in childhood and tells about similar experiences; her mother criticized her for being too big and not fitting in clothes, and for Hanna, buying clothes turned in to a nightmare. This problem also occurred in adulthood; for some time Hanna couldn't find clothes and underwear that were big enough and she froze through the whole winter. Hanna describes this as absolutely terrible. She felt so alone, but didn't dare to talk to anybody about her eating problem because she felt so embarrassed and shameful, and instead she isolated herself. "*All those years that went by to me and food*," Hanna describes as the worst part of the eating disorder. Likewise, Ingrid describes how binge eating episodes from her teenage years have made her 'withdraw from the world' because of the 'purifying-procedure' of fasting and strict exercise in order to "*face the world ones more*." Sandra says she's anxious for not being accepted if she reveals her eating problem, and on certain days she feels as if other people can see on her that she has been binge eating that day. When her eating problem was at it worst, her weight could fluctuate up to 30-35 kilos, and this had a huge impact on the way she thought others perceived her; "*If I wasn't thin, people would think I was disgusting, I had no business inside a dressing-room, for instance*." What the participants describe here, seems to be concordant with research suggesting that perceiving oneself as overweight is related to lower self-esteem, depression and heightened anxiety (Baumeister et al. op. cit: 172).

A constant sense of shame

"It's pretty bad watching yourself doing what you consider the most stupid thing in the world," Bettina says. The participants describe how the eating disorder affects their self-conception and self-appraisal. A strong sense of guilt, shame and self-blame are prominent among the participants' stories; they express feelings of anger towards themselves and despair over the binge eating. Both the repulsion caused by the bodily discomfort and the shame attached to the binge eating affects their self-image. Ingrid considers the weight gain and its accompanying feeling of shame and disgust as some of the most devastating effects of the eating disorder. After her latest weight gain, she feels contempt towards her body, and avoids noticing what's below the chin; "*I do of course wash and clean myself, but then I sort of block my sight of, I can't stand looking at it*." Hanna tells about similar experiences; when her eating problem changed from Bulimia to Binge Eating Disorder and she started gaining weight, she developed an intense hatred towards her body as it grew bigger. She recalls how she blamed herself after each binge eating episode. Likewise, Marion describes how the constant alternation between strict dieting and binge eating makes her feel like she's constantly failing, and she discredits and degrades herself for "*not looking like I should*." She worries a lot not just about her weight, but also the weight fluctuations; "*these last couple of years I've been very concerned about the health-risks of pushing my bodyweight up and down the way I do*." When she experiences any disease-related symptoms, she immediately blames herself:

> *I feel tremendously bad about it; 'I can't take it no more; I will die soon if I don't get myself together.' If I feel some pain around my chest or something, I think 'there you go! This is the punishment!' It's so hurtful; it's devastating to live this way because you constantly have this feeling of failure and you are so shameful for not getting yourself together.*

During binge eating times, the participants tend to interpret the eating pattern as lack of will-power and self-control. They express how despairing it feels to keep on doing something they rationally know to be harmful and destructive, while not being able to stop it. Bettina describes how her eating problem made her see herself as lazy and weak throughout her youth, and now she's beginning to 'attack' her intelligence as well; "*I have thought that I'm plain stupid, must be the most stupid person in the world. For one thing, I was extremely stupid not to realize I had a problem before someone almost told me, and now I'm aware that I have a problem, but I still keep doing it*." Isabel recalls how the binge eating gave her loads of self blame, bad conscience, and low self-esteem. She is the kind of person who is 'always

in control' on most areas, and the experience of losing control over eating was therefore particularly upsetting. For Sandra, simply to talk about eating disorders used to make her uncomfortable because she felt so ashamed and degraded. If she was anorectic instead, this wouldn't be so shameful "*because they're so good at not eating.* She thinks everyone looks down on a person with binge eating, that they think such a person is greedy, lazy and lacks will-power.

To be governed

For some, the eating disorder becomes a huge impediment that prevents them from doing things they actually appreciate or even long for, like going on trips, parties, walking tours, beach excursions or sunbathing. Several of the participants describe feelings of being governed by the eating disorder and not being able to be themselves as they really are because the eating disorder 'takes over' and keeps them trapped in a vicious circle. *"Just like I wasn't connected with my real self, it was like being governed by the eating disorder,"* Anja says. During hard times, Bettina says she's 'forced' to binge eat in order to even survive, handle her daily life and keep herself 'up on a certain level.'

Hay (2003) found that individuals who engage in recurrent binge eating had significantly poorer quality-of-life scores compared to controls. She also found that regular binge eating explained more of the variation in quality of life than did extreme weight control behaviours when controlling for age, gender, income level, and BMI. She suggests that these findings may reflect a particularly aversive nature of loss of control, which may have a greater impact on people's functioning than extreme weight control behaviours (ibid: 440). The participants in this study also indicate that loss of control can be an immensely aversive experience. It seems that the binge eating incidents can provide a highly unpleasant sense of losing some of one's self-determination; "*I hope it doesn't happen again this evening or tonight; I did it last night, and I hope I don't do it again tonight,*" Veronika says. Likewise, Marion says she feels like the eating disorder has ruled over her for so many years, and she yearns for her real self to start being in control. She describes how the eating problem pervades her thoughts; "*I start the day off thinking about it, and the last thing on my mind before I fall asleep is either that I feel very ashamed because I haven't been 'good', or I go to bed with the feeling of 'yes, I have been good today.'* However, Marion says she doesn't find this feeling of having 'been good' truly satisfying, because she is so painfully aware of the negative health consequences of pushing her body like she does. Neither the 'good' dieting periods nor the eating days can

bring about peace. Marion says this constant race inside her head makes her really dejected and 'fed up' with herself. Likewise, Ingrid feels her eating problem has made her set herself aside all the time and that she hasn't been able to have continuity in her life.

The eating problem affects every situation involving food and dining. Sandra's meals are ruled by the clock; because of her longstanding eating problems she has a poor sense of hunger and fullness and she's working on deciding on what food she likes and dislikes. Sandra says she doesn't know what a normal relationship with food is. Marion says she cannot have a normal attitude towards going to the store and shopping food; she constantly thinks about what's in her bags, and the continual focus on forbidden versus non-forbidden food makes her feel "*unbelievable tired and exhausted*." On binge eating days, the constant snacking and eating affects her activities during the day; "*I can't concentrate on my tasks; sometimes I've planned how much I intend to study that day, but I can't get through more than a couple of pages because I'm interrupted all the time by this thing about 'I have to eat now, because next week, I will diet*.' Sometimes, such days affect the following week as well, because she cannot get herself to start on a diet period; "*then there's a whole more week wasted."*

Making it in spite of

The eating problem is frequently accompanied by weariness, exhaustion and resignation. Anja describes how the binge eating episodes left her tired and feeling indisposed, she often went to bed early in the evening after binge eating, and eventually she lost all sense of engagement and enjoyment in her life. She did nevertheless live a normal life, took care of her work and her son, and participated on social activities. Bettina explains how the surroundings can represent impediment instead of support: *"We who are in the midst of it… it takes time for us to realize that we do have a problem. We are also part of the society; at first we think that we actually are lazy. You get screwed up by what everybody around you think, and then you start believing in it yourself."* According to Skårderud (op. cit: 46) an individual with BED may find it hard to take care of his or her own needs, and to set limits for oneself regarding other people and obligation. This pattern seems to be present for several of the participants in this study. Bettina says she's very conscientious regarding other people's needs; "*it doesn't matter if I'm about to collapse, I have to save everyone else first*." Sandra says she always 'took care' of things at home, made sure her mother felt ok and tried to lose weight for her sake. Likewise, Marion describes how she very much exerts herself to

others, and even as an adult, she stills feels obliged to lose weight for her parents' sake: "*If I plan to visit my parents in a while, I always make sure to lose as much weight as I can before the visit. I still have that feeling; if I could only be slim for them, then it would be ok*." For some, everyday-life involves thought-consuming dieting and constant worries about food and strategies to avoid binge eating. Marion feels that this has a huge effect on most areas of her life, although she seems to function quite well regarding her family-life and studies. To constantly worry about eating and dieting can feel like an everlasting struggle. Marion gives an intriguing description of an intensively uncomfortable 'intermediate-period' between the binge eating days and the diets where she doesn't know which path to choose:

> *It's devastating, it's absolutely horrible; on the one hand you don't know if you can bear to enter yet another diet period, because it's so strict and there's no tolerance for transgressions; I get so intensively focused on losing weight. But I don't want to go in the other directions either, I don't want to mistreat my body, I don't want the binge eating*.

The participants describes how binge eating can affect weeks, months or even years, but it doesn't necessarily happen every day, so they are able to 'catch up' enough to function adequately. The demands of everyday-life are on the whole met, but this can require lots of effort. At times, the binge eating has left them absent from work or school, but mostly they have been so conscientious and hard-working that they have been able to catch up for the lost time. The participants' stories reveal that it is possible to have a quite well-functioning life with family, friends and daily activities in spite of suffering from this eating disorder.

Personal growth

"I've been given the opportunity to work a lot with myself, and I think I've gained more patience, understanding and caring towards other people," Ingrid says. Even though the eating disorder is a burden and something one very much would prefer being free from, the participants also express how their problems have given them some unique and useful experiences that have shaped them into the individuals they are today. Ingrid relates how her eating problem has heightened her self-knowledge; "*I've worked myself through so many hard times, and I consider that to be a very positive thing. In a way I've landed in myself and become me; I know who I am and what I stand for*." To have lived through these challenges leads to increased insight into and empathy towards people's various life circumstances. Some say they find these experiences useful in their professional life. Marion says her eating

problem has made her more sensitive and observant towards others; she has become very conscious about stimulating a good sense of self-esteem in her own children, and to teach them the importance of being supportive towards their friends and class-mates. Some of the participants, who have fully or partly recovered from the eating disorder, today use their own experiences to help others with similar problems.

Looking ahead: The road to recovery

Fortunately, most individuals who suffer from an eating disorder eventually recover; in this final section the participants provide valuable reflections of important ingredients in this process.

To find out what it's really about

"I think the best way is to try to find out what you're covering over, and then to treat that sufficiently," Bettina says. Most of the participants had never heard about Binge Eating Disorder before they sought out information about it. Some spotted an article from IKS or a note in a magazine or newspaper describing Binge Eating Disorder, and identified with this. Others found information on the internet; Bettina says she was surprised and relived when she read about BED on the homepages from IKS; "*and then I started to cry out loud, because it was just like someone had written about me*." Isabel describes it as a revelation when she accidentally read something about binge eating from a magazine; "*oh, my God; that's what I have!*" It occurred to her that the problem was not lack of self-discipline and failing to lose weight, but rather that she used food to deal with some unresolved issues.

To deal with the real issues

Acknowledgement is necessary, but not sufficient. Something more than insight is needed to stop binge eating; "*I know that I eat to suppress feelings, and I know that I shouldn't do that, I should acknowledge those feelings and try to recognize them, but I can't do that*," Bettina says. Therapy has made her realize that she uses food to block out emotions, but she has "*built so many walls of steel upon those emotions,*" and she feels like she in every therapy session has to open up a door she has tried to keep locked up with food for such a long time. Bettina closes the door again by binge eating after every therapy session; "*food is my way of survival, and I if take that away and open that door, there's no hope the way I see it*." But still, she's motivated to be released from using food this way, and she will therefore work through this

dilemma; *"in a way, it has to get worse before it gets better."* Anja has similar experiences; her eating problem worsened during her first year in therapy, and she thinks this is because she had to relate to a great deal of unreleased sadness, pain and sorrow over losing a very close person several years ago.

Altering thought-patterns and reactions

According to Wiser & Telch (op. cit: 767) binge eating can be understood as a maladaptive method for regulating affect, and they suggest that binge eaters may need to learn more constructive emotion regulation skills. This is exactly what the participants express; they need some other tools to deal with emotions and situations if the binge eating is to cease. One of the techniques reported by several, is to try pausing when the need to binge eat occur and ask oneself *why*. Isabel recalls how therapy made her more aware and observant towards the act of thinking; she started reflecting on whether certain situations tended to trigger binge eating more often than others. She tried to ask herself questions regarding why she felt the need to binge eat then and there, and she also tried writing down some of these reflections: *"How can I do it instead of binge eating?"* Likewise, Bettina can sometimes stop herself when she's about to binge eat and ask why; "*I'm not capable of preventing myself from binge eating, but I can at least ask the question, and that's an improvement, because that question never occurred earlier*." Sandra can feel in advance when the need to binge eat is closing up, and she is then able to pause and ask herself why she feels this need and whether there's something else she can do instead. Sandra says she sometimes 'chooses' to binge eat after all, because this is the easiest way right then, and she accepts that she can't endure anything else at the moment. Sometimes it helps to call a friend, Sandra says, and like several of the other participants, she has discovered how taking a walk or doing other kind of physical activity sometimes helps in alleviating the drive for binge eating; "*get rid of some steam*," as Ingrid puts it. Like Isabel, Marion finds writing very useful, but she describes it as really frightening the first times because even though she sat in a room alone with her pen and paper, it felt like she was telling somebody what she wrote, and afterwards she barely dared to read it. The next day, however, Marion discovered how 'unbelievable healing' this writing process had been; her mood was completely different, she found herself scarcely thinking about food and she ate naturally according to hunger. Marion regards this as an important step towards opening up and talking to others about her problems, besides, writing helps her put away some of the things that burdens her all the time. After writing it down, one can somehow put it aside for a while, she says.

Suppressed anger seems to be a contributor in binge eating; Isabel describes how releasing it was for her to discover that she could confront people during conflicts instead of using food to suppress the anger and frustration; "*ok, this is the way we can do it; we can sit down and confront people we feel have treated us unfairly*." Veronika describes how certain comments from others can make her so furious she feels like scratching their eyes out. On those occasions, she tends to contain herself until she gets home, and use binge eating as a mean to suppress all this rage. With a bit of humour, Veronika speculates whether a boxing course would be a better alternative for her.

For some, binge eating is a mean to alleviate the feeling of loneliness, and company with other people can then work to prevent binge eating. For instance, Anja relates how being together with other people could help her avoid binge eating; when she had a friend staying in her home for some months, Anja managed to normalize her eating. Hanna has different experiences; she doubts whether having others around could have 'filled her' the way food did, because she tended to feel very different and alone in company with other people.

The power of empathy

"The biggest secret I think lies in telling somebody about it and getting it a bit out of you," Marion says. However, when the participants talk about the eating problem to family, friends or colleagues this is not so much for their own sake, to receive support or understanding, but rather to 'share information.' Sandra feels she constantly has to *explain* when she talks about her eating problem. The participants express how therapeutic it feels to talk with somebody with similar experiences who are able to understand some of what they are going through. To recognize, relate to and identify with what others are experiencing can be mighty empowering. When Bettina found out about the self-help groups for people suffering from binge eating, she thought it would be "*so wonderful to meet someone who perhaps understands some of the way of thinking."* Likewise, Isabel says it felt incredible relieving to simply sit down and talk to people with similar experiences; "*it was sort of a 'hallelujah-atmosphere,' really*." She describes a certain sense of *freedom* when she felt allowed to say exactly what was on her mind, share experiences openly and receive support and understanding without condemnation. Isabel compares this sense of freedom with the great relief produced by the anticipation of binge eating; only this is much more constructive and lasting.

5. Summary: Possible Characteristics of the Experience of BED

This chapter aims at providing some suggestions to characteristics of the experience of Binge Eating Disorder as it is revealed from the narratives in this study, focusing on the binge eating episode.

A Fundamentally Different Experience

The participants describe the binge eating experience as nothing like anything else; it has a totally different quality than an ordinary meal. It's not about satisfying 'normal' hunger, it's not about indulgence, pleasure-seeking or gluttony. It's not about 'really appreciating food;' binge eating is not described as enjoyable. Food can be eaten 'as food' or as binge eating, and those two experiences have different qualities, as in Isabel's picture of the warm, comforting, bright lightness surrounding normal meals together with friends in contrast to the dark, grey coldness pervading the solitary binge eating. Even on those occasions where the binge eating is planned and looked forward to, these experiences are not something one look back at as memorable pleasures, it's rather something one remembers as 'awfully lonely.' Even if binge eating on several occasions feels like 'a rescue' right there, the participants' stories seem to reveal that basically, there's a sense of sadness, loneliness and almost 'unrealness' pervading the actual binge eating experience. *"It's still only you and the food,"* Hanna says. The feeling of not having any choice, the automation and the numbness indicate that binge eating can be an experience lacking 'real substance;' it all happens in such a hurry and is soon to be over with. It's rather the assurance and anticipation before it happens, those brief moments when one feels 'about to be rescued,' and the bittersweet sensation following immediately afterwards that keeps the whole ting going. After having 'shuffled it in and wallowed it down,' blocked out the unwanted thoughts, suppressed the feelings or temporarily subdued them, the fire is put out for now and the explosion is once more prevented, but for what? As Marion puts it: "*How long is it till nest time, how long will I make it this time, how long before it lets go?*"

A Sad, Silent Revolt

"*Maybe it's a kind of revolt, but it's a sad revolt*," Isabel says. It's sad because it simply subdues the painful emotions without solving anything. Instead, the problems are rather maintained and increased by this kind of 'solution,' she says. It's sad because it's not really working, but there's no other way. It's sad to be 'held down,' like Isabel describes it. It's sad

to eat when you don't even enjoy the food, when your gum nearly bleeds and hurts, like Bettina has experienced. It's sad because it damages the body and one has to live with that, as Marion worries about. It's a sad expression of something that hasn't been worked through. It's sad because it's lonely, and it's sad because it's empty. It's sad to try so hard to please others and rescue everyone else while breaking oneself. It's a *silent* rebellion, too; it's the opposite of 'crying out loud,' like when Veronika contains herself, suppresses her anger and rage until she reaches home, and then takes it out by eating and crying alone. In this way, she avoids 'scratching their eyes out.' The strong emotions are silenced by the act of 'shuffling the food down,' as when Ingrid describes how she feels the painful emotions being pushed out as the food is stuffed inside, when Sandra says she shuffles the food inside to get the feelings out, and when Anja pictures all her bad feelings of sadness, longing, sorrow, loneliness and misery filled up inside her belly. It's the silence of the unspeakable, the shameful subject one doesn't want to bother other people with. It's the silence of not wanting to be seen, like Veronika and Marion express. It's the silence of all the unspoken words; and it hurts when the body is the display and carrier of all those unspoken words. It's the silence of the extremely considerate rebellion, the introvert anger. When Bettina describes binge eating as "*after all the least harmful kind of abuse,*" one could ask: least harmful to whom? Alcohol, sex or drug abuse, for instance, could be seriously harmful to one's surroundings as well, while binge eating is rather a considerate, 'polite' and lonely kind of abuse.

However, there seems to be a lot of 'agency' involved in binge eating. Some of the participants describe how they sometimes 'chooses' to binge eat because considering the circumstances, that's the most 'sensible' thing right then. It's a kind of rising *self-assertion and revolt* when Veronika describes how she quit throwing up after she divorced her husband who constantly nagged on her to lose weight. It can be seen as a revolt against being teased and forced to go on a diet, as some of the participants experienced during childhood, against all the expectations and pressures to be slim, against the invasions, the intimidations, the disrespect, the violations of privacy, and the sadness that wasn't noticed. It can be a revolt against the parents and the 'helpers' who looked the other way, neglected, misunderstood or mistreated, and perhaps sometimes even against oneself for not being able to stop repeating "*the stupidest thing in the world*," as Bettina describes it.

Reclaiming and Re-establishing Private Space

As we saw in the previous chapter, several of the participants describe experiences of being invaded and that their personal limits were violated. Their descriptions of binge eating seem to imply that this can be a way to reclaim control, to re-establish self-autonomy and self-determination. Binge eating can then be an expression of the need to re-draw and re-mark the boundary for private space. This active *reclaiming act* can be represented in the participants' accounts of stepping over the door sill, entering inside their own room, the closing of the door, the solitude, the exclusion of all other, and the very act of 'doing whatever I want to, deciding for myself, closing off everything else.' "*I'm the one in charge here,*" Isabel says. "*This is my time, I want to keep this for myself,"* Hanna says. "*Now, I can finally breathe*," Veronika says. In this perspective, binge eating can be understood as regaining control by reclaiming and re-establishing personal limits.

Regaining Control by Losing Control

Keeping in mind the previously noted distinction between the eating disorders regarding display of control, an individual with BED is depicted as lacking control over eating behaviour and emotions. However, the narratives in this study seem to imply that the 'loss of control' dimension in BED may be more complex than this. The participants frequently exhibit great control over their eating during diets; indeed their strict self-control is sometimes part of the problem, activating and triggering binge eating episodes. Other life areas are often very much 'under control,' and some of the participants in this study describe an almost perfectionist attitude towards performances on other aspects of life.

How can we understand the aspect of loss of control in BED as revealed from the narratives in this study? Several of the participants describe how binge eating can produce a powerful relief, tranquillity and numbness, and thereby function as a kind of self-medication. In this perspective, it's understandable that they can feel 'addicted' to binge eating like a drug. The participants also describe the experience of 'being forced' or 'automated,' and some describe a trance-like state outside conscious control where the body keeps on eating while the mind really doesn't want to. Purchasing binge eating food and retreating to ones home could be perceived as 'preparing' for losing control, but perhaps these planned episodes is about 'taking responsibility' for 'surviving and getting through the day,' finding 'the way out of the burning building,' calming oneself down and 'preventing the explosion,' as Bettina describes

it. In this study, all these interpretations could be feasible, and there certainly are different kinds of binge eating experiences.

But then again, what is 'control;' is it always something positive, something to aspire for and to admire? Is control an essential 'good' quality? According to Skårderud (ibid: 22), eating disorders are not 'really' control; it can rather be conceptualized as *pseudo-control, imitation of control* and the *illusion of control*. Based on the participants' descriptions, it seems that binge eating cannot be perceived simply according to the previously described pattern of self-regulation failure. The aspect of control seems to be more complex. In this study, we have seen how it can be understood as simultaneously loss of control, too much control and pseudo-control. We have seen that binge eating could be conceptualized as a kind of 'which' to let go of the control, like when Marion describes it as almost pleasurable when the diet fails, when Sandra expresses how the aversive experience of losing control over binge eating can be subdued by binge eating ones more, and when Bettina describes how losing control by binge eating actually can feel like *regaining* control. In this perspective, binge eating can be perceived as 'taking matters in one's own hands.'

6. Implications

"We are vulnerable as well, even if we are well-functioning, and we are not always capable of fighting to get help."

I this section, I present some reflections on what kind of understanding this study points towards and some implications that can be drawn from it.

Firstly, it's probably a different experience to suffer from an eating disorder while simultaneously being overweight, as individuals with BED often are, than having a normal weight as frequently found in individuals with Bulimia Nervosa, or underweight as people suffering from Anorexia Nervosa. It may thus not be sufficient to apply the prevailing 'eating disorder understanding' regarding BED individuals. "If Binge Eating Disorder is to be recognized as a separate category of eating disorders, we are about to explain certain forms of overweight as primarily psychological conditions," says Skårderud (op. cit: 16). This study points to the relevance of such an understanding. Overweight cannot be understood one-dimensionally; a person who eats too much may not simply be ignorant of healthy life style or lack self discipline. The eating behaviour itself may serve some important functions, and it could be an expression of some unresolved issues. As noted in the introduction, both governmental recommendations and treatment policy highlights advice and motivation for life style changes as key in counteracting overweight and obesity. However, if we listen to the participants in this study, this approach may not be feasible, or at least not sufficient. As food is not really the problem, dieting could rather be part of the problem instead of the solution. The participants describe dieting as associated primarily with failure and aversive emotions.

What kind of help do they consider constructive? Bettina argues that it would be better to take some initiative towards a person who could be at risk of developing an eating disorder instead of waiting to see if it breaks out; better to treat one too many than one too few, she says. Further, she points out that it's important to be aware that if a child is overweight, this might have other causes than simply bad eating habits and laziness; children too suffer from binge eating. But this is often not recognized until the person grows up and realizes for herself that it might be an eating disorder, she says. Some of the participants tell about how they became very skilled at hiding eating problems during childhood and adolescence, and their stories illustrate how these problems can become increasingly hard to overcome if they are left

unattended. This study reminds us that overweight and obesity can evolve around important emotional issues in the context of the individual's everyday-life, and sometimes it's not the original problem that preserves the difficulties. Bettina feels lucky because she got into therapy before it was 'too late to save her.' She tells about how fortunate she was to have a doctor who was sensitive and knowledgeable enough to know what kind of questions to ask in order for Bettina to realize that she could suffer from an eating disorder instead of simply failing to lose weight. Originally, Bettina went to see the doctor because she wanted a prescription on some medication her friend had lost weight on. Fortunately, her doctor said Bettina's description of her eating pattern resembled what she had learned about Binge Eating Disorder, and replied that she wouldn't prescribe medication for something she thought might be a psychological issue. Instead, she recommended Bettina to psychological treatment, and today, Bettina is grateful she had a sensible doctor.

The participants' stories bear witness about how frustrating it can be when health care providers frequently fail to take their eating- and weight problems seriously. Hanna says it seems that some doctors don't understand that overweight might be related to some emotional problems; "*It was not a lot of empathy; it was rather constantly this 'you are too fat, and you need to do something about that*." Hanna thinks many people who are severely overweight, in various degrees suffer from an eating disorder, and that they should be met with more information regarding this instead of being told they need to lose weight. It would be more constructive, Hanna says, to approach these individuals with an empathic and curious attitude: "What is happening in your life? What lies behind this?" Health and medical centres could have available information booklets on weight problems and eating disorders for the patient to read at home, Hanna recommends.

This study further points to the importance and significance of organizations like IKS and others who provide, publish and distribute information regarding eating disorders. It seems that the internet and other media like magazines and newspapers are common sources for this kind of information. Finally, this study suggests that constructive support and treatment for people struggling with weight –and eating related problems is attainable when health care providers apply a more curious attitude and are open to the individual's personal story and understanding. We have seen that the participants display insight and interpretations of their eating problems in which the basic ingredients for recovery lies; it's certainly valuable to let their voices be heard.

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Appendix

Intervjuguide

Alder, sivilstatus, barn, utdanning, arbeidssituasjon.

● Oversiktsspørsmål basert på å plassere overspisingslidelsen i tid og kontekst:

- Denne undersøkelsen henvender seg både til de som har og har hatt overspisingslidelse; hvordan vil du definere deg selv, har du kommet ut av det eller er dette noe du fortsatt sliter med?

- Når og på hvilken måte ble du klar over at du hadde et spiseproblem?

- Hvordan så livssituasjonen din ut på den tiden? (viktige hendelser, utfordringer, bekymringer om vekt, utseende, slanking?)

- Hvordan utviklet spiseproblemet seg? (Gikk det ut over daglige gjøremål? Forholdet til familie, venner, kjæreste/ samboer/ ektefelle, fritid, skole/arbeid? Vektsvingninger?)

● Utforskning av overspisingsepisoder og hvordan dette oppleves:

- Hvordan arter en overspisingsepisode seg for deg? (Hvordan er det vanligvis, evt. kan du fortelle om en konkret episode?)

- Hvordan og når vet du at hendelsen vil ende opp i overspising?

- Hjemme eller et annet sted? Når tid på døgnet? Planlegging av overspisingen? Ut for å handle mat? Hva slags matvarer?

- Hvordan arter spisingen seg? (følelse av å miste kontroll? Hvordan er tempoet på spisingen?, sulten/mett, alene/sammen med andre, redd for at noen skal oppdage?, lukker ikke opp når det ringer på døren?)

- Vil du si overspisingen er "trøstespising" eller "tvangsspising" (eller noe annet)?

- Hva gjør du etterpå? Kan du si noe om hva du tenker og føler?

- Føler du at spiseproblemet har/hadde en "funksjon" for deg? "Gir" det deg noe?

- Hva er det vanskeligste, det verste med spiseproblemet?

● Strategier personen har forsøkt for å komme ut av overspisingen:

- Har du hatt kontakt med profesjonelle fagpersoner eller andre for å komme ut av overspisingen? Hvem tok initiativet? Hva er dine erfaringer med dette? Hva ville ha hjulpet deg ut av spiseproblemet? Hvilken behandling/hjelp tror du er riktig for denne type spiseproblem?

- Snakker du med andre om overspisingen, eller foretrekker du å holde det skjult? Hvordan opplever du dette?

● Endring:

- Har overspisingen endret seg, i så fall på hvilken måte?

- Hva slags erfaringer har du med overspising nå for tiden?

- Hvordan har du det med deg selv og kroppen din nå for tiden?

- Har det kommet noe "positivt" ut av spiseproblemet?

- Hvorfor tror du at nettopp du fikk nettopp denne type spiseproblem?

● Avlutning

- Er det noe mer du syns jeg burde ha spurt deg om?

- Hvordan føles det nå?

- Hvorfor lot du deg intervjue?

Character cannot be developed in ease and quiet.
Only through experience of trial and suffering
can the soul be strengthened.

– Helen Keller